TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extraours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN	E			
and the state of	1. DECEDENT'S NAME (First, Middle, Last)	0.00			DEATH	2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH		
	VERNON 4. SOCIAL SECURITY NUMBER 214-12-1055	1√2 M 2 □ F	(In yrs. last birthday)	FUNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 5-6-1919	Cou	THPLACE (State or Foreign ntry) RYLAND		
HOLD	9a. FACILITY NAME (If not institution, give so  NORTH ARUNDEL HO RESIDENCE OF DECEDENT		URNIE, M		9c. COUNTY OF	COUNTY				
L DIMECTOR	MD . A .	A. COUNTY		EN BURN	IE			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	362 KLAGG COURT,			100	21061		USA.	WHAT COUNTRY?		
2	11. MARITAL STATUS 1  Never Married 2  Married 3  Vidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:	B4 Sp	CE — American Indian, ack, White, etc. acity: ACK		
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor iiie. Do NOT use r	k done during mo etired.)		16b. KIND OF BUS	SINESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Lest) ALEXANDER SCOTT		TRUCK D	KIVEK		AME (First, Middle, Meiden E ARRON	Surname)			
2	19a. INFORMANT'S NAME (Type/Print)  ODESSA LAVERNE SC  20a. METHOD OF DISPOSITION		362 KL	AGG COU	RT, GLE	Abute Number, City or Yow N BURNIE, M	iD. 2106			
	1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	noval from State cen	PLACE AND DATE OF DETERMINE LAWN	CEMETER		ANN	CATION — City of NAPOLIS,	MARYLAND		
_	23. PART I. Enter the diseases, pr	complications that cause	MOUN Do not	1913 W	. BALTIMOI	OWN JR. FU	MD. 21223	ME, P.A. 3; P.O. BOX 4433		
	shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause pn e	ach line.	۹.	,,,,,	W as calculate of 1989)	and the state of t	Interval Between Onset and Death		
NO INCALLOR	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events									
VENILL	resulting in death) LAST	· Drale	der M	elli	Tis					
WEDICAL	PART II. Other significant condition	is contributing to death b	or not resulting in	the underlying	j cause given in	Part i. 24e. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C/	8 Other (Specify)				
101	27. MANNER OF DEATH  1 Neturel 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ Y WO		28d. DESCRIBE HOW II	NJURY OCCURED			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, offic		281, LOCATION (Street a City or Town, State)	and Number or Rura	l Route Number,		
COMPL	000) 2 MEDICAL EXAMINE	ICIAN: To the best of my know ER: On the basis of examination						r(e) and manner se stated.		
2	30, NAME AND ADDRESS OF PERSON WH		_Mp	(m)	29c. LICENSE NU	1743	DATE SIGNI	O (Month, Day, Year)		
		MD 60	/ 1 4		Lane,	BALTO	Mal	21225		
	DEC 0 1 1992 94	the Devidson-Ron	1016							



TUU!

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TILOIOTTATI		- OLITI	ILICAL		DEATH	HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	MILDR	ED E	SEIPĖŁ	1		2. DATE OF DEATH OF NOVEMber 2	5, 1992	3. TIME OF DEATN	
							Movember 2	25, 1992	M	
	016 54 7406	SEX 6. AG	E (In yrs. lest birtho	MONTHE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 13	Cou	ATHPLACE (State or Foreign untry) ATYland	
	9a. FACILITY NAME (If not institution, give street	and number)	73	9h. CIT	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT					
6	1708 Rittenhouse A		.227				akeland)		imore Co.	
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY									
DIRECTOR	Maryland Baltin	nore Co	1111	Balt	imor		akeland)		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1708 Rittenhouse	Ave.,			101	2122	27		CITIZEN OF WHAT COUNTRY? USA	
5	11. MARITAL STATUS 12	. WAS DECEDENT EVE	R IN U.S. ARMED	13.	WAS OEC	ENDENT OF NISPAL	NIC ORIGIN? (Specify Yes	or No- 14. R/	ACE — American Indian,	
B	1 Never Married 2 Married 3(X Widowed 4 Divorced	FORCES? 1 YE				2 NO Specific	in, Puerto Rican, etc.) y:		White	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com	ION spleted)	16a. DECEDER	NT'S USUAL ( d of work done OT use retired.)	during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY		
PLE	10th Grade		maker			Housewife				
S   S	17. FATHER'S NAME (First, Middle, Last)					18 MOTNED'S NA	ME (First, Middle, Maiden			
TO BE COM		Gardner				Blanc			lner	
	19a. INFORMANT'S NAME (Type/Print)		196, MAII	LING ADDRES	S (Street s	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)		
10	Mrs. Mildred M. Fi	inck		1708 F	itte	nhouse A	lve., Balto			
ומח	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal 4 Quantities 5 Other (Specify)	from State	cob. PLACE AND D	ATE OF DISPO	SITION (Na	ime of	DATE 20c. LO	CATION — City or	Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Kevin	E. Ecke	r 22	NAME AN	ID ADDRESS OF FA	CILITY			
ехашіпе	X-502				ICCU I 237 F	ly Funer	al Home of	Brookl	yn Md 21225	
rent, the medical	inmediate cause (Final disease or condition resulting in death)	disease or condition reps fame adams auchore								
ATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
TE	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST									
CER	d									
snows any injury.	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO									
ž	k									
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only one)			
Sic		OSPITAL: Inpatient 2 ER/O	utpatient 3 🗆 DC	OTHE		e 5/ Residence	6 Other (Specify)			
E E	27. MANNER OF DEATN  1 Netural 5 Pending	28s. DATE OF INJUR (Month, Day, Yes	Y 28b.	TIME OF INJURY	28c. INJ WO	URY AT	28d. DESCRIBE HOW II	NJURY OCCURED		
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU	RY — At home, fe	rm, street, fac		rES 2 NO	28f. LOCATION (Street a	and Number or Run	al Route Number,	
ETED	4 Homicide determined	building, etc. (S	респу)				City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN one)  2 MEDICAL EXAMINER: 0								e(s) and manner as stated.	
E H	296. SIGNATURE AND TITLE OF CERTIFIER	)	<u> </u>			29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)	
1	30. NAME AND ADDRESS OF PERSON WHO CO	ompleted cause of ham, M.D.	DEATH (ITEM 27) (	Type, Print) Freder	ick	Road. Ba	ltimore M	,	/	
	31. DATE FILED (Month, Day, Year)	32-REGISTRAN'SYST		-		, , ,		ar y rana	21220	
1	DEC 1 1992		Name and Address of the Owner, where the Owner, which the Owner, where the Owner, where the Owner, which the							

THE DRECTOR: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

LECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

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	detached	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	once.
	20		to
	Should 6		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MILL 32. REGISTRAR'S SIGNATURE

BRASS

1992

33503 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ORET SEIDE 26 1992 6:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH 1 M 2 JF 218-01-5890 74 YRS 7/17/1918 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Lorean Riverside Nurs, Home DIRECTOR Belcamp Harford Co. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Balto.City, Md 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1250 W William St. 21230 USA 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, apecify Cuban, Maxican, Puerto Rican, etc.)
 The Yes 2 No Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FUNCES? 1 YES 2 NO FORCES? 1 Never Merried 2 Merried BY Specify: White XXWidowed 4 Divorced ED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12th.Grade vears Office Manager Pilgrim Laundry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) John Bien1ein BE Eleanor Fortman 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jerome J.Seidl, Jr. 3<u>004 Ward RD.</u> Forest Hill Md 20s. METHOD OF DISPOSITION

| Solution | Method | Solution | State | Donation | Solution 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Cross Cemetery 11/30 A.A.Co.Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 McCully Funeral Home.130 E.Fort Ave. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line intarval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition BREAST CARCINOMA EXTENSIVE resulting in death) DUE TO (DR AS A CONSEQUENCE BRAIN RAIN METASTASIS
DUE TO (OR AS A CONSCOUENCE OF): CERTIFICATION Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) INFECTION that initieted events resulting in deeth) LAST CHE PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO EDEMA COMPLETION OF CAUSE 1 YES 2 NO CARDIAL ARRYTHMIAS 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Mursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural М 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 \_\_ MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD doham D35856 11128192

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician or DO THE FUNEXAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the theretal director, page 5 should be detached for use as the burlai-transit permit. The following the perfect of the properties of the propert
EAA.  Corrificate be executed within 24 hours after designed physician and completely filled in by the fur types for to burial, cremation, or removal.
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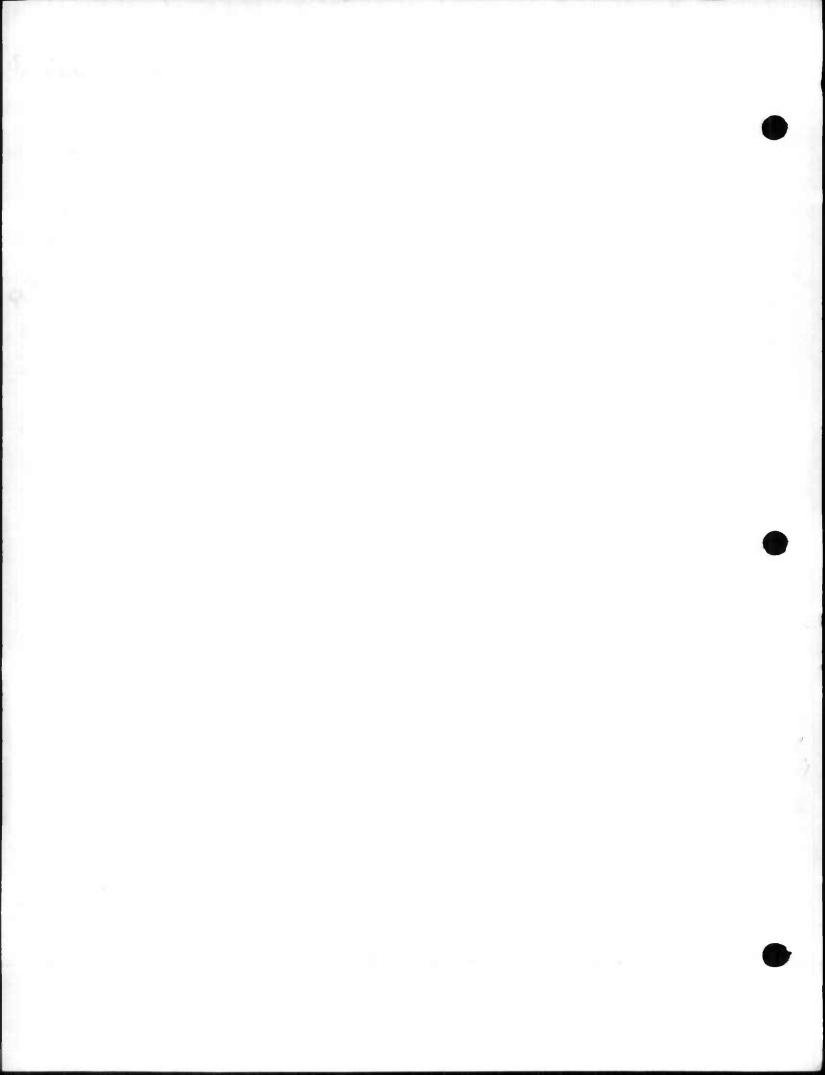
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	00000	CE				DEATH	MILL	REG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH			3. TIME OF DEATH
0	Edith	Mae		Torn	aben	٩		1 3	11 2	Š	92	3:45 a
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las.		IF UNDER		IF UNDER 24 HRS.	+	ATE OF BIRTH	Ť		PLACE (State or Foreign
	171-14-2138	1 M 2 V F	70	YRS.	MONTHS	DAYS	HOURS MIN.		Month, Day, Year)	,	Countr	y)
- N	9a. FACILITY NAME (If not institution, give :		/(	,	9b. CITY	TOWN C	R LOCATION OF		1/24/19	7	NTY OF D	10
DIRECTOR	1800 Sherwood A				90. CIT		timore		у	9c. C00	NITY OF D	EATH
입 입	10a. STATE 10b. COUNT	Y		10c. C/1	Y, TOWN (	OR LOCAT	ION					10d, INSIDE CITY
DIR	Maryland		_				City					LIMITS?
A	10s. STREET AND NUMBER					101	ZIP CODE			10g. CITI	IZEN OF W	HAT COUNTRY?
띨	1800 Sherwood	Avenue					21239			Ui	nited	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED					RIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced		WAR OR DATES	Ю		1 TYES	2 NO Spec		erto Rican, etc.)		Speci	White, etc. White
	15. DECEDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL O	CCUPATIO	OH.		166. KIND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5	- Alle	Do NOT u	work done se retired.)	during mo	st of working					
로	12			Но	mema	ker						
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	IAME (F	irst, Middle, Maiden	Sumame)		
	John Zook								isa Wadd	-	on	
8	19a, INFORMANT'S NAME (Type/Print)	-	194	. MAJLING	ADDRES	S (Street e			Number, City or Tow			
2	C	hana la										nd 21234
	Joseph B. Torna	bene. Jr	20b. PLACE					Dal	timore,	CATION	ryla	
	1  Burlal 2  Cremation 3 Rem 4  Donation 5  Other (Specify)	ovel from State	cemetery, cre	matory or o	ther place)	+h /	Cemetery	. 4.	2/1/92			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE NA					DETILE LETY			Dail	TIIIOT	e, Marylan
	▶ Mark 7	- Barys	rk T. Za	voyn	۵	Leon	ard J.	Ruc		move		21214
	23. PART I. Enter the diseases, or			ath. Do	not enter	the mo	de of dving su	u K	cardiac or read	ratory an	to et	Approximate
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Ca	OR AS A CONSEC		Pus Pi	gn	ms	C	lni	t		Interval Betwee Onset and Deal
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	(OR AS A CONSEC									
MEDICAL	PERFORMED?								WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (C	Check o	nly one)			
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inputient 2	ER/Outpetient 3	□ DOA	OTHE	R: aing Hom	e 5 Residence	s 🗆	Other (Specify)			
ξĺ	27. MANNER OF DEATH	28e, DATE OF		28b. Tik	E OF	28c. INJ	URY AT	-	DESCRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending 2 Appleant Investigation	(Month, L	ray, rear)	IN.	JURY		RK? YES 2 NO					
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY At ho	me, farm,	street, faci	tory, office		261.	LOCATION (Street o	and Number	or Rural F	loute Number.
茰	4 Homicide determined	building.	etc. (Specify)	П	470			1	City or Town, State)			•
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE				ed at the t	ilme, date						) and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	1	1	0-	1	2	296. LICENSE N					(Month, Dwy, Year)
BE	/ longe	N ()	Cook	1	1.1	′	U37	21	30	<b>&gt;</b>	11/2	
일	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF OEATH (ITER	<b>И 27)</b> (Туре	, Print)		- 0 //	1			11/-	54
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE		-							
j	nec 1	1992 &	Sig Nouis	· 20.	1.00							

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DHMH-16 Rev 1/89



use as the burlal-transit permit. Pages 1, 2, 3 should

certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 5 should be detached for notified at page 9 must director. examiner the funeral medicai completely filled in by 6 the cremation, traumatic event, Hygiene prior to burial, and attending physician other 1 6 OR ATTENDING PHYSICIAN: The law requires that the death has been signed by the atter Dept. of Health and Mental Injury, any 23 shows a Item ? this certificate h 6 marked, After the DIRECTOR: A hours after d 549 MPORTANT: II

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
S. TRINGALI CERTIFICATE OF DEATH
REG. NO. STATE REGISTRAR CATHERINE 2. DATE OF DEATH 11/2//92 MONTH DAY YEAR //-27 - 92 1. DECEDENT'S NAME (First Micirlo Last 3. TIME OF DEATH 5. atherine TRINGALI A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 12/01/09 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 - M 2 F MARYLAND 216-07-8643 YRS 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE COUNTY GENERAL HOSPITAL BALTIMORE RANDALLSTOWN RESIDENCE OF DECEDENT 10s STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE PIKESVILLE 1 TES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 4 ESTATES COURT APT. 21208 3105 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes, specify Cuben, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE --- American Indian, Black. White, etc. 1 Never Married 2 X X Married 1 TES 2 XX Specify В Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working) 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6th HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) COSIMO ROSE LAMARTINA SERIO BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 CARMELO (HUSBAND) #3105 TRINGALI 4 ESTATES COURT BALTIMORE, MD 21208 20s. METHOD OF DISPOSITION
1X Weurist 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State "NEW "CATHEDRAL CEMETERY 11/30/92 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE CATONSVILLE, MD 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Myound Cute resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Vascular event Cerebra 1 | YES 2 | NO OF DEATH? perfontion 1 | YES 2 | 10 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 No Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 NO e 5 - Residence 8 - Other (Specify) 4 - Nursing H 26a, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c, INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investiga 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building: etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined ED 4 Homicide ᆸ 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated BE COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER House Physics 36456 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) County 31. DATE FILED (Month, Day, Year) 32. REGISTRAP'S SIGNATURE 0 1 1992

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DEC 1 1992

	FOR										92	33506
	1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last)	~	T A		١.				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	lann	en	100	UN	1		11	25	92	21:00 7 4
	213-05-0921	1 X M 2 F	6. AGE (In yrs. les:	YRS.	IF UNDE	DAYS	IF UNDER	MIN,	7. DATE OF BIRTH		MAR	MLACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give stre	eet and number)			9b. CITY	r, TOWN 0	PR LOCATE	ON OF DE	ATH	9c. CO	UNTY OF E	EATH
8	BALTIMORE COU	INTY GENE	RAL HOS	PITA						1		TIMORE
5	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY											
DIRECTOR	MARYLAND				LTIM	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER						. ZIP COD	E		100, Cr	TIZEN OF 1	1 TYES 2 XXNO
FUNERAL	A300 CDESTHETCH	IMC DD					2121	5			USA	
3	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify	Yes or No-	14. BAC	E — American Indian,
BY F	1 Never Married 2 Allarried 3 Widowed 4 Divorced	IF YES, GIVE W		Ю		1 YES	2 110	n, Mexicar Specify	n, Puerto Rican, etc.	)		k, White, etc.
ED E	15. DECEDENT'S EDUC	ATION	16a DE	CEDENT'S	USUAL O	CCLIDATIO	NA.		16b. KIND OF		 	
	(Specify only highest grade of Elementary/Secondary (0-12)		(G/	ve kind of a	work done	during mos	st of working	ng	166. KIND OF	BUSINESS/IN	OUSTRY	
[ 로	12	00mgg (1-4 01 0 4	' L	OWN	ER				F	URNIT	URE	
COMPLET	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Mai	den Sumame)		
BE	MEYER TANNI	ENBAUM							SLICK			
ဥ	196. INFORMANT'S NAME (Type/Print)  MRS IDA TANNENI	D A T TM							BALTO.,			
	20a. METHOD OF DISPOSITION		20b. PLACEA					10.		LOCATION -		nua Ctata
	1 Buriel 2 Cremation 3 Remo	val from State						CHAIM	1 11-27-9	2 BAL	TIMOF	RE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE (			22.	NAME AN	D ADDRE	SS OF FAC	N & BROS	TNC		
	Coel D	Her	بمن						RSTOWN RI			MD 21215
	23. PART I. Enter the diseasea, or co	omplications that	caused the de	ath. Do r	ot enter							Approximate
	IMMEDIATE CAUSE (Final	ist only one caus	e on each line									Interval Between Onset and Death
	disease or condition resulting in death)	Se.	OSIS	>		_						
		DUE TO	P AS A CONSEC	NENCE O	F):	2 ~	100	Ω	L			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	NUENCE OF	ruy	14	W	746	ection!			
₽ F	cause. Enter UNDERLYING CAUSE (Disease or injury								3			
E	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	NUENCE O	F):							
	d.											
AL O	PART II. Other significant conditions	contributing to	- 1			nderlying	cause (	given in i	Part I. 24s, WAS	AN AUTOPSY	246	WERE AUTOPSY FINDINGS
음	@ Congestive	Hart	fail	me	,					S 2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ä	1 Mart De	centru	tures	>					_			1 - YES 2 - NO
Ä	25. WAS CASE REFERRED TO MEDICAL	arlure	1									
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:			OTHE	R:			nck only one)			
Ĭ	27. MANNER OF DEATH	1 Inpetient 2 2	INJURY	28b. TIM		alng Home		esidence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Da	ry, Year)	INJ	URY		RK? (ES 2	NO				
ED 8	3 Suicide 6 Could not be	28e. PLACE Of building,	INJURY — At hor	me, farm, i	street, fac	tory, office			281. LOCATION (Str. City or Town, St	eet and Numbi	er or Rural i	Route Number,
	4 Homicide determined								ony or rown, or	,		
COMPLET	29a. CERTIFIER (Check only one)											
Ö	2 MEDICAL EXAMINER	: On the basis of sx	emination and/or i	nvestigatio	n, in my	opinion, de	eath occur	red at the I	time, date and place	, and due to t	the cause(	s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		1	11			29c, LICI	ENSE NUM	100 1	29d. DA	TE SIGNEE	(Month, Day, Year)
2	30 NAME AND ADDRESS OF DEDSON WHO	COMP CITE CHIE	- 05 05 1711 (175)	V~ 7	-		2	20	7080		/ !	0147

DEATH (ITEM 27) (Type, Print)
CIB, Buttivacle

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 33507

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAI CERTIF	FICATE OF DEATH	REG. NO.	92 33507
	1. DECEDENT'S HAME (FEST, MINSON, LINE) PESCAL BECURITY NUMBER	S. SEX B. AGE (In yrs. last birthday)	F UNDER 1 YEAR F UNDER 24 HISS. MONTHS DAYS HOUNES MISS.	2. DATE OF DEATH BAY 11 - 28 - 7. DATE OF BHITH (Mixed, Day, Sher)	9.2 I. SHRTHPLACE (Sints or For
DIRECTOR	98. FACILITY NAME (IT NO! INSTITUTION, GIVE 20/ N. BYO) RESIDENCE OF DECEDENT	Adway Apt 2H	BB. CITY, TOWN OR LOCATION OF	8-27-14	COUNTY OF DEATH
DIRE	MD 100. COUNT	1000000	1timore	Ť	10d. INSIDE CITY LIMITITY 1 YES 2 1
FUNERAL	201 N. Broadw	ay, Apt. 2H	10f. ZIP CODE 21231		CITIZEN OF WHAT COUNTMY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowsd 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED. FORCEST 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cubes, Mexi 1 YES 2 (2) NO Specific	ANIC ORIGIN? (Specify Yes or No- ces, Puerto Rices, etc.)	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(Give kind of the Do-NOT s	S USUAL OCCUPATION work done during most of working use indired.) TEMPLEN	16b. KIND OF BUSINESS	MINDUSTRY
BE CO	17. FADNESS NAME STONE, MICHIGA Laute	Welph	18. MOTHER'S I	NAME (First, Middle, Makigan Surran	erru
TO B	THE INFORMATION NAME (Type Print)	5 CONTONO 24/1	a ADORESS SOUND and Number of Fam	Flouris Humby, City or Youn, State	20 april 212
	20s. MEZHOD OF DISPOSITION 1 of Burial 2 Cremation 3 Ren	moval from State 206. PLACE AND DATE	OF DISPOSITION (Name of )	DATE 29% LOCATION	- City or Town, State
	4 Donation 5 Other (Specify)  21. SEGMATURE OF FUNERAL SERVICE L	1/////40	22 MANE AND ADDRESS OF	10 Per	10. 71KV
	Soseph	L. Kuss	2222 101	Vorth Ave.	80/6 md 21
	Shock, or heart tailure.	List only one cause on each line.	not enter the mode of dying, so	ich as cardiac or respiratory	
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Arrhythma a  Due to for as a consequence of  Due to for as a consequence of	rtery diseas		Interval Be
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	B. Arrhythmia Due To (on as a consequence of the pertension of the total on as a consequence of the total on the	on: rtery diseas on:		Interval Be Onset and
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. Arrhythmia  DUE TO (OR AS A CONSEQUENCE O  LYPETTENSION  DUE TO (OR AS A CONSEQUENCE O  DUE TO (OR AS A CONSEQUENCE O	rtery diseas	c	Interval Be Onset and Onse
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. Arrhythmia  Due To IOR AS A CONSEQUENCE O  Cronary A  Due To IOR AS A CONSEQUENCE O  Lypertension  Due To IOR AS A CONSEQUENCE O  Mitral Valve  Ins contributing to death but not resulting	ory diseas  Preplacement  In the underlying cause given i	n Part I. 24a. WAS AN AUTOP PERFORMENT 1 YES 2 NO	Interval Be Onset and Onset and 14 7 6
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions	A P P T T T T T T T T T T T T T T T T T	ory disessions  replacement  replacement  26. PLACE OF DEATH (  OTHER: 4 \( \text{Auxiling Nome } 6 \) Residence  RE OF 28c. INJURY AT	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	Interval Be Onset and
A	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pending Investigation	DUE TO (OR AS A CONSEQUENCE OF A DUE TO (OR AS A CONSEQUENCE OF A CONSEQUE	ory diseas  replacement  replacement  in the underlying cause given i  26. PLACE OF DEATH A  OTHER: 4   Nursing Home 5   Residence  RE OF 28c. BULINY AT  WORKY  1   YEB 2   NO	Part I. 24a. WAS AN AUTOP PERFORMED?  1 YES 2 NO  Deck only one;  6 C Other Specify  26d. DESCRIBE HOW INJURY	Interval Be Onset and Onse
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditions. The conditions in the conditions of the con	A P P T Y P P P P P P P P P P P P P P P P	ory diseas  replacement  replacement  in the underlying cause given i  26. PLACE OF DEATH A  OTHER: 4   Nursing Home 5   Residence  RE OF 28c. BULINY AT  WORKY  1   YEB 2   NO	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	Interval By Onset and  1970  1970  246. WERE AUTOPSY PR AMALABLE PRIOR COMPLETION OF CO OF DEATH?  1  YES 2  N
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WALL CASE REPERRED TO MEDICAL EXAMINERY  1 YEB 2 NO  27. MANNER OF DEATH  1 Netural S Pending Investigation 2 Accident Suitable Could not be determined  29e. CERTIFIER (Certifying Physical) 20 MEDICAL EXAMIN	A P P T Y P P P P P P P P P P P P P P P P	PF:  PF PY diseas  WF:  PEPIACE OF DEATH A  OTHER:  4 Nursing Flore 5 Peekdence  EE OF 28c. BLUSTY AT  WORK?  1 YEB 2 No  street, factory, office	Part I. 24a. WAS AN AUTOP PERFORMENT 1 YES 2 NO  Description only one;  1 Other (Specify)  284. DESCRIBE HOW INJURY  284. LOCATION (Street and Nur City or Speci, State)	Interval Be Onset and Onse
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficiently as a condition of the cause	A P P T T T T T T T T T T T T T T T T T	DIFY:  If ferry disease  OF):  Peplace recept  20. PLACE OF DEATH (1)  OTHER:  4   Nursing Home 5   Residence  BE OF 28c. BULURY AT WORK?  1   YES 2   NO  street, factory, office  red at the time, data and place, and do  on, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, data and place, and do  On, in my opinion, death occurred at the time, death occur	To Part I.  24a. WAS AN AUTOP PERFORMED?  1 YES 2 NO  25ack only one;  6 C Other (Specify)  25d. DESCRIBE HOW INJURY  25f. LOCATION (Street and Nur City or Sawn, State)  is to the sausa(s) and manner as is time, data and place, and due to	Interval Be Onset and August and August Prior of Countries of Countrie
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural S Pending Investigation 2 Accident Symbol Medical Examined 4 Nomicide Gestrieved determined  29e. CERTIFIER (Check only now) 2 MEDICAL EXAMINE  290. BIGNATURE AND TITLE OF CERTIFIER CAUSEAN  200. NAME AND ADDRESS OF PERSON WITHING ADDRESS OF PERSON WITHING ADDRESS OF PERSON WITHING AND ADDRESS OF PERSON WITHING ADDRES	APPLY TO HAVE A CONSEQUENCE OF THE PROPERTY ADDRESS OF THE PROPERTY AT HOME ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PRO	DEP:  If ery diseas  WE:  PEPIACE OF DEATH (1)  20. PLACE OF DEATH (1)  OTHER:  4   Mursing Norme 5   Residence  ACT 20c. BULURY AT  WORK?  1   YEB 2   WO  street, factory, office  red at the time, data and place, and do  on, in my opinion, death occurred at the  29c. LICENSE N  0 36	Part I. 24a. WAS AN AUTOP PERFORMENT 1 YES 2 NO  Description only one;  1 Other (Specify)  284. DESCRIBE HOW INJURY  284. LOCATION (Street and Num City or Same, State)  is to the cause(s) and manner as the time, data and place, and due to the cause(s) and manner as the time, data and place, and due to the cause(s) and manner as the time, data and place, and due to the cause(s) and manner as the time, data and place, and due to the cause(s) and manner as the time, data and place, and due to the cause(s) and manner as the time, data and place, and due to the cause(s) and the cause (s) and the cause (s	Onset and  Interval Be Onset and  I/9 70  SY 24b. WERE AUTOPSY FINAL ABLE PRIORE COMPLETING OF COPPLETING OF COPPLETING OF COPPLETING OF COMPLETING OF COMPL

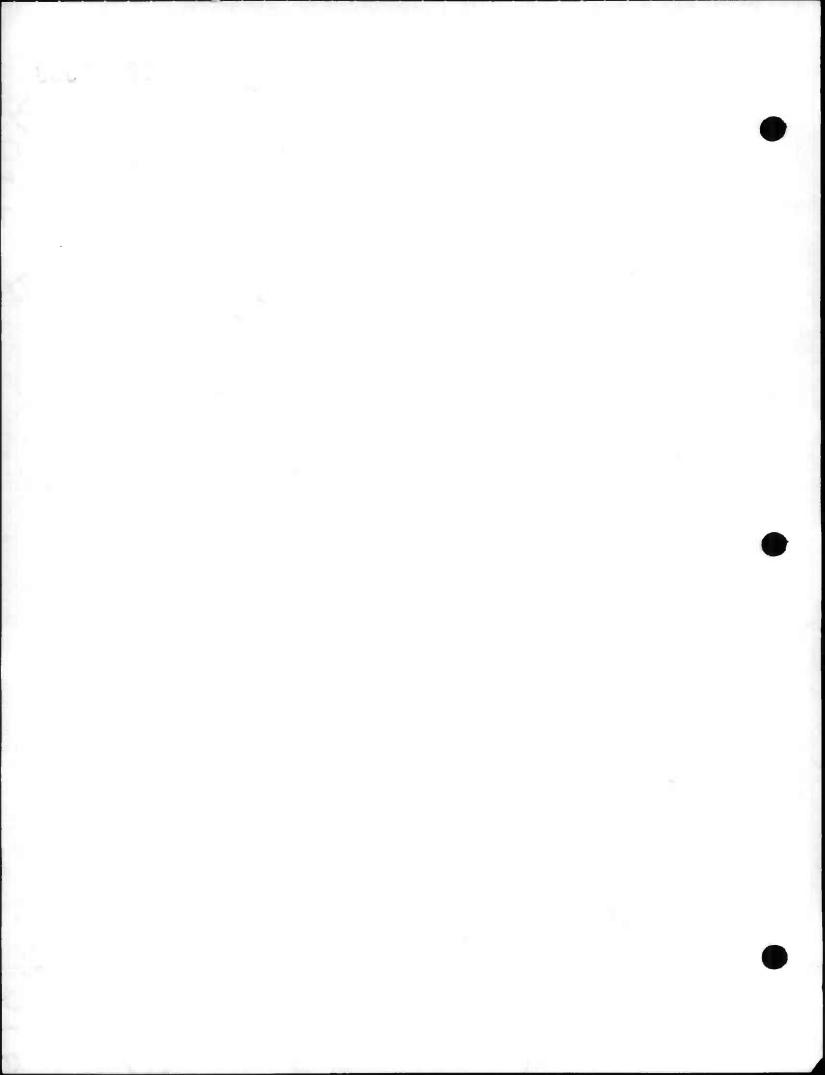
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	OR ATTENDING PHYSICIAN:
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		· Josephicol	Ohl			PATE OF DEATH DAY	G 7 PEAR 9/0AM				
P <sub>i</sub>		4. SOCIAL SECURITY NUMBER 250-18-9902  3. SEX		MONTHS DAYS	1	ATE OF BITTH Month, Day, Year) 2-23-1920	BIRTHPLACE (State or Foreign Country)     SC				
. 2, 3 shou	TOR	SOF FACILITY NAME (If not institution, give street and pumber  LIMMS - Shock To  RESIDENCE OF DECEDENT	auma	Baltimo	DIE	90. 0	COUNTY OF DEATH				
ft. Pages 1	DIRECTOR	10a. STATE 10b. COUNTY MD		Raltimo			10d. INSIDE CITY LIMITS? 1 XYES 2 NO				
physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	10e. STREET AND NUMBER 2303 N. Pulaski Str	eet		21217		CITIZEN OF WHAT COUNTRY?				
	BY FU	1 Never Married 2X Married FORCES?	DENT EVER IN U.S. ARMED  1 XYES 2 NO VE WAR OR DATES	If yes, spec	HDENT OF HISPANIC OF Hy Cuban, Mexican, Pu CXNO Specify:	RIGIN? (Specify Yes or No erto Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black				
by the hospital or attending be detached for use as the at once.	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (8-12)  College (1-4 of	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATION rork done during most e retired.)	of working	Social	Security Adm.				
d be detached for at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Alex Hunter			18. MOTHER'S NAME (F	irst, Middle, Meiden Sumen Wn1ee	ne)				
ay be retained to page 5 should to be notified	TO B	19a. INFORMANT'S NAME (Type/Print)  Roeshattie Brownlee 20a. METHOD OF DISPOSITION	2303	N. Pula	aski Str		co., MD 21217				
eath, Page 6 m funeral director, xaminer must		208. BETHOU OF DISPUSITION  © Buriet 2   Cremetton 3   Removal from State 4   Donation 6   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE AND DATE Of Commetery, cremetory or of Garrison	Forest  22. NAME AND JOSEP	V.A. ADDRESS OF FACILITY ADDRESS OF FACILITY	30 Balto s Funeral	N - City or Town, Stata  Co., MD  Home, 2222-2				
ted within 24 hours after of completely filled in by the ial, cremation, or removal, event, the medical e		23. PART /. Enter the diseases, or complicationa ehock, or heert fellure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)	that caused the deeth. Do no cause on each line.				y arrest, Approximate Interval Betwee Onset and Dec				
in certificate be executed anding physician and con Hygiene prior to burial, or other traumatic ex	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  C. J. C.									
requires that the deen signed by the of Health and Meshows any Injury	MEDICAL	PART II, Other algorificant conditions contribution  HXPEVILUS CON  Pancrea fitis	g to death but not resulting I	n the underlying	ceuse given in Part	I. 24e. WAS AN AUTOF PERFORMED? 1 YES 2	AMAILABLE PRIOR TO				
IN: The law ficate has b State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 DYES 2 NO 1 No inpettent	2 ER/Outpatient 3 DOA	OTHER:	CE DF DEATH (Check of						
	ву рну	27. MANNER OF DEATH D. P. 286. DAT	E OF BUILDRY 28b. TIME	E OF 28c, INJUI	RY AT 28d	DESCRIBE HOW INJURY	OCCURED				
OR ATTENDING DIRECTOR: After hours after death	20	3 Suicide & Could not be determined 28s. PLA built	CE OF INJURY — At home, term, a ling, etc. (Specify)	treet, factory, office	281.	LOCATION (Street and Nui City or Town, State)	mber or Rural Route Number,				
西山田	COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis									
TO THE HOSPI TO THE FUNES De filed within	TO BE	30. MANE AND ADDRESS OF PERSON WHO CAMPLETED	Ch In 1)		29c. LICENSE NUMBER	1	DATE SIGNED (MONTH) Day, Year)				
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**BALTIMORE, MARYLAND 21215-0020** 

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funetal director, page 5 should be detached for use as the burlat-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

179	1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF E	DEATH	YEAR	3. TIME OF DEATH
	Helen Bert			VAi	<b>VCURA</b>			11	27	1992	1.15 PM
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. lest		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Date	NRTH W Moorl		HPLACE (State or Foreign
	213-50-0916		1 🗌 M 2 🛜 F	88	YRS.	ONTHS DAYS	HOURS MIN.		1904		nsylvania
- 1	Se. FACILITY NAME (If not in	stitution, give s	treet and number)		9	b. CITY, TOWN	OR LOCATION OF DE			COUNTY OF	
FUNERAL DIRECTOR	Franklin	Square	Hospita	1					R	OMITAA	RE
Ĕ	10e. STATE	10b. COUNT	Y		19c. CITY, 1	TOWN OR LOCA	ATION				10d. INSIDE CITY
5	MD.	Ba1	timore			Ra1t	imore				LIMITS?
A	10s. STREET AND NUMBER						OI. ZIP CODE	·····	10	g. CITIZEN OF	WHAT COUNTRY?
ER.	4507 Kenw	vA boo	enue				21206			U.S.	٨
5	11. MARITAL STATUS		12. WAS DECEDED	T EVER IN U.S. ARI	MED	13. WAS DE	CENDENT OF HISPAI	VIC ORIGIN? (S	pecify Yes or h	No- 14, RAC	E — American Indian.
7	1 Never Married 2 🔀		FORCES?	YES 2 N	0		specify Cuben, Mexica S 2 1 NO Specif		i, etc.)	Spec	ck, White, etc.
В	3 Widowed 4 Divo	rced					24				White
COMPLETED		EDENT'S EDU		(G/	ve kind of wor	SUAL OCCUPAT	ION nost of working	16b. KIN	D OF BUSINE	SS/INDUSTRY	
<u> </u>	Elementary/Secondary (0	-12)	College (1-4 or 5	- Alle	Do NOT use r	retired.)					
MP				Pe	rsona	1 MAid					
응	17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHER'S NA	ME (First, Middl	e, Maiden Sum	name)	
BE	FRank Smi							phine			
2	19a. INFORMANT'S NAME (7			19b	MAILING A	DDRESS (Street	and Number or Rural	Route Number, C	Olly or Town, St.	tate, Zip Code)	
	William Van				4507	Kenwoo	d Avenue	Baltim	ore,Mo	d2120	)6
	20e. METHOD OF DISPOSITI		oval from State	20b. PLACE A cemetery, crei		DISPOSITION (F	Neme of	DATE	20c. LOCATI	ION — City or T	own, State
	4 Donation 5 Donat					Faith	C.Em.			timore,	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	/		22. NAME /	AND ADDRESS OF FA	CILITY	6415	5 Belai	r Road
	Kath	lein)	h. hu	roker		John	C. Mill	er. In	Balt	to. Md.	-21206
	23. PART I. Enter the di	seases, or	complications the	it coused the de	ath. Do not					ory arrest,	Approximata
	IMMEDIATE CAUSE (Fir		List only one car	use on each line.							Interval Between Onset and Death
- 1		1401	0 1								Ollock dille boddin
- 1	disease or condition	-	Cerebr	'ovascula	r acc	ident					
	resulting in death)	+	a. Cerebr	OVASCUIA		ident					
z		+				ident					
NOIL	resulting in death)  Sequentially list conditi	ions,	DUE TO		DUENCE OF):	ident					
CATION	resulting in death)  Sequentially list condit: if any, leading to imme- cause. Enter UNDERLY!	ions, dlate NG	DUE TO	(OR AS A CONSEC	DUENCE OF):	ident				-	
FIFICATION	resulting in death)  Sequentially list conditions, leading to immecause. Enter UNDERLY CAUSE (Disease or initiated events	ions, dlate NG	DUE TO	(OR AS A CONSEC	OUENCE OF):	ident					
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN REG. NO	E	92 33510		
		ALBERTA	ALVERTA L	V	WARD				3. TIME OF DEATH 9 2 7:05 A M		
pino			□ M 2 X F 6	yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MHI.	7. DATE OF BIRTH (Month, Day, Year)  1 - 25 - 30		BIRTHPLACE (State or Foreign Country)  M D  Y OF OEATH		
1, 2, 3 should	ECTOR	1129 FORREST S	·		BALTI		SAIN	Se, COUNT	Y OF GEATH		
permit. Pages	DIR	MD 10a. STATE 10b. COUNTY		1.5	altimor	е			10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
ian. transit	FUNERAL	1129 F. Fornest.  11. Marital status	. WAS DECEDENT EVER IN	U.S.,ARMED		21202 ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	us	N OF WHAT COUNTRY?  A. RACE — American Indian.		
215-0020 attending physic use as the burlal-	D BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	TES	If yes, ap	ecify Cuban, Mexica 2 NO Specify	n, Puerto Rican, etc.)		Specify: Black		
D 21 spital or ed for o	LETE	15. DECEDENT'S EDUCAT (Specify only highest grade con  Elementary/Secondary (0-12)  8 th grade	ION spleted) College (1-4 or 5+)	Give kind of the Do NOT us  Disab	USUAL OCCUPATION work done during more retired.)	ON ist of working	16b. KIND OF BUS	SINESS/INDU:	<b>STRY</b>		
YLA by the be der	TO BE	17. FATHER'S NAME (First, Middle, Lest) Walter Ward				Della	ME (First, Middle, Malden Surname) Smith				
be retain ge 5 sho		19a. INFORMANT'S NAME (Type/Print)  Kevin Jackson  20a. METHOD OF DISPOSITION		1129	E. For	rrest S		more,	MD 21202		
MOR medor, must		29: METHOU OF DISPUSITION  1 X Burlai 2 □ Cremation 3 □ Remova  4 □ Donation 6 □ Other (Specify)  21. SIGNATURE OF FUNERAL SURVICE LICEN:	from State ceme	PLACE AND DATE	of disposition (Na	etery  ADDRESS OF FA	Bal		e, MD		
ALT death. e funera al. exami		Synth	teks	bones	WM C.	. MARCH	F.H./11		NORTH AVE.		
within 24 hours within 24 hours opietely filled in to cremation, or referred, the median.		23. PART I. Enter the diseases, Dr com- shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Authorities that caused on ear and only one cause on ear and one cause on ear and one on ear and one of the caused on the caused o	rotte Ce	ardiova			iratory arres	st, Approximate Interval Between Onset and Death		
P.O. BOX 68 tth certificate be execut tending physician and c il Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A								
records  v requires that the oben signed by the c. of Health and Me shows any injury	MEDICAL C	PART II. Other algorificant conditions of					Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ate the B	PHYSICIAN:		OSPITAL:	tient 3 🗆 DOA	OTHER:	ACE OF DEATH (Chi					
PHYSICI this cert with the	ву РНУ										
anel A service		3 Suicide 6 Could not ba determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
OSPITAL OR AT UNERAL DIREC Ithin 72 hours	COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C							cause(e) and manner ee stated.		
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 hr	TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER  JONALS A. U.  30. NAME AND ADDRESS OF PERSON WHID CO	right MD		. Print)	O.C.M.			30 / 9 2		

111 Penn Street, Baltimore, Maryland

DONALD G. WRIGHT MD

DHMH-16 Rev 1/89

21.201

STEELS-OOK	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physical process.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	prior to burial, cremation, or removal,	traumatic event, the medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DI CER	EPARTMENT OF H		ENTAL HYGIEN		00011				
1	1. DECEDENT'S NAME (First, Middle, Last)	Wikon			2. DATE OF DEATH	AY YEA	3. TIME OF DEATH				
		SEX 6. AGE (In yrs. last bir	YRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	HTHPLACE (State or Foreign suntry) SSachusetts				
SR.	90. FACILITY NAME (If not institution, give street a	ond number)	9b. CITY, TOWN C	PR LOCATION OF DEA		9c. COUNTY O					
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY	11	Oc. CITY, TOWN OR LOCAT			120"	10d. INSIDE CITY				
	ma Roll	mue	Belo	211			1 YES 2 NO				
FUNERAL	106. STREET AND NUMBER	· hunden	101	2/2/5		10g. CITIZEN C	F WHAT COUNTRY?				
	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO		ENDENT OF HISPANIC scify Cuban, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No.— 14. R	IACE — American Indian, liack, White, etc.				
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:											
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working    Elementary/Secondary (0-12)   College (1-4 or 5 +)										
COMI	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	E (First, Middle, Maiden	Sumame)					
BE	DANIEL WRIGH  190. INFORMANT'S NAME (Type/Print)		AN INC. ADDRESS (C		RICE						
2	JACQUELINE WIG		12 W. BEI			n. State, Zip Code LTIMOR					
	20a. METHOD OF DISPOSITION  1   KBurlal 2 <sub>1</sub>   Cremation 3   Removal 6 4   Donation 5   Other (Specify)		DATE OF DISPOSITION (Na DOX OF Other place) CRN STAR (			CATION — City o	r Town, State				
	21. SIGNATURE OF FUHERAL SERVICE LICENSE		22, NAME AN	D ADDRESS OF FACI	LITY	CONSVI.					
	Leron V	1) uptt	4600	) LIBERT	Y HEIGH	PS AVE	ERAL HOME NUE 21207				
		ilications that caused the death only one cause on each line.	Do not enter the mo	de of dying, such	aa cardiac or reap	iratory arrest,	Approximate interval Between				
	immediate cause (final disease or condition resulting in death)	Cardiac G	Wrut				Onset and Death				
NO	Sequentially list conditions, b	LES pratory DUSTO (DR AS A CONSTQUE									
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			sis ca	ndidia sis						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEDUE)	ACE OF):	,							
AL C	PART II. Other aignificant conditions co	ntributing to death but not reau	ulting in the underlying	cause given in P			24b. WERE AUTOPSY FINDINGS				
MEDIC	aremia, p	end insuffice	Ricy		PERFOR	1.00	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
W .:					-   '	`	1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	OTHER:	ACE OF DEATH (Chec	k only one)						
HYS	1 TYES 2 NO 127. MANNER OF DEATH	Inpetient 2 ER/Outpetient 3 1 26s. DATE OF INJURY 26	Bb. TIME OF 28c. INJ	9 5 Residence 6	Other (Specify)	NJURY OCCURED	<u> </u>				
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 🗆 Y	RK? ES 2 NO							
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory, office	'	City or Town, State)	and Number or Ru	rel Route Number,				
COMPLETED		To the best of my knowledge, death									
TO BE	H. Lum.D.			29c. LICENSE NUMB	CH	≥ M	129/9)				
۲	30. NAME AND ADDRESS OF PERSON WHO CON	. 11 . [- ()	(Type, Print)								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE									
	DEC 1 1992 5	the Davidson-Randelle									

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1	-	STATE REGISTRAP
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	1 - STATE REGISTRAR	SINIE UF MI			ICATE O			MENIAL HYGIE REG. N					
j.	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF OEATH		
27	MARY ESTELLE V	VIEST	537					нтиом	DAY	YEAR S 2	630	M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEA		24 HRS.	7. DATE OF BIRTH		8. BIRTH		gn	
	215-24-4813	1 □ M 2 📉 F	82	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Day, Year) 8/27/191	0	· ·		1	
_ 3	9a. FACILITY NAME (If not institution, give stre	set and number)			96. CITY, TOW	N OR LOCATIO	ON OF DE						
DIRECTOR	BALTIMORE COUNTY O	GENERAL H	OSPITAL		RANI	ALLST	OWN		BAI	TIMO	RE COUNTY	Z.	
36	10a. STATE 10b. COUNTY		T	10c. CIT	Y, TOWN OR LO	CATION				S 2			
8	MARYLAND ANNE A	RUNDEL		GLE	NBURNIE								
A	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CI	10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	9 IVY LANE					21060	)		U.S.A.				
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1								e or No. 14. RACE — American Indian.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA		,		ES 2 NO					y:		
	15. DECEDENT'S EDUC										WHITE		
2	(Specify only highest grade of	completed)	(G/w	e kind of v	USUAL OCCUP: vork done during retired.)		g	16b. KIND OF B	USINESS/IN	OUSTRY			
7	Elementary/Secondary (0-12) 10 TH	College (1-4 or 5+)	100	EMAK				MMO	HOME				
College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   HOMEMAKER   OWN HOME													
	CLARENCE C. SHAEFE	FER				MAF							
19a INCOMANT'S NAME (Kna/Dried)													
MAYINE N. DODGON											21208		
20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of									OATE 20c. LOCATION — City or Town, State				
	4 ☐ Donation △5 ☐ Other (Specify)		METRO		ther plece) MATORY			11/28 BA	T.TTMC	LTIMORE, MARYLAND			
	21. SIGNATURE OF PONERAL SERVICE LICE	NSEE	_			AND ADDRES	S OF FAC						
	PC \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Jett !	•		1 S	ECOND	AVEN				•	061	
	23. PART i. Enter the diseases, or co	emplications that	caused the dea	th. Do r	ot enter the	node of dyl	ng, such	as cardiac or res	piratory a	rrest.	Approximate		
	shock, or heart failure. Li	ist only one caus	e on each line.										
	disease or condition tesulting in death)	KE	NAL	- 1	-A11	URI		ENDST	AG.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	a.	DUE TO (C	OR AS A CONSEQU	JENCE O	F):	,			1, 10			-	
z I	Sequentially list conditions.										-		
CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSEQU	JENCE OI	<b>5</b> :								
	CAUSE (Disease or injury C.	OUE TO /C	OR AS A CONSEQU	IENCE OF	n.						-		
	that initiated events resulting in death) LAST		THE R CONCEGO	LIVE O	,.						i		
8	d.										+		
S S	PART II. Other significant conditions								N AUTOPSY	24b.			
ã I		RAI	REGI	120	ALTA	IIOA	, H	TN 1 TYES	2 NO			ISE	
ME	RHARTHRI	TIS.						_			1   YES 2   NO		
ä	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER?	HOSPITAL:	SHEET-NA -		OTHER:	PLACE OF DE							
<u>₹</u>	27. MANNER OF DEATH	26s. DATE OF IN		28b, TIM			aldence (	6 Other (Specify)				_	
	1 Natural 5 Pending	(Month, Day,	Year)		URY	NJURY AT WORK? YES 2	1 40	28d. OEŞCRIBE HOW	INJURY OC	CURED			
<u> </u>	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF	INJURY — At hom	e, farm, s			110	28f. LOCATION (Street	and Numbe	v or Burni D	trata Miranhae	$\dashv$	
	4 Homicide 6 Could not be	building, et	c. (Specify)					City or Town, State	9)	or ribrer ric	ore reamber,		
ן ב	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of m	v knowledge deet	h 0000000	ed at the time of	do and alone							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:										and manner as state		
	296. SIGNATURE AND TITLE OF CERTIFIER						NSE NUM						
H H	1 Naist	60					_	777	29a, DA	1. 2	Month, Day, Year)		
2 ∥	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)			J 4 4	1	1 6	1 12		
	G. BANI MI	7, B (G	H. B	AC	TV. 1	102	-113	3					
. 10	Q. ROVI MO, B. G.H., BACTO. MO 21133 31. DATE FILED (MONTH, Day, 1881) 4 32. REGISTRAR'S SIGNATURE DEC 1 1992 Auto Davidson-Annaelle												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prove 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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the company of the co	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		
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	ERA	7	100
3	E.	WHT.	70.05
	里	iled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Commence to take an analysis of the comment of the

ij	nedio i nan				19/11		DEAL			REG. NO.			
2.7	1. DECEDENT'S NAME (First, Middle, Last)  Arthur			MONTH.						of Death  DAY  PEMber 29,1992 7:45 p			
	4. SOCIAL SECURITY NUMBER										29,	199	2 7:45 p M
	177-10-8957	5. SEX	8. AGE (In yrs. Is	st birthday) YRS.	IF UNDER 1	DAYS	HOURS	24 HRS. MIN.	7. DATE Of (Month,	F BIRTH Day, Year) 26,19(	10	8. BIRTH Countr	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s		04		Oh CITY	TOWAL O	R LOCATIO	WI OF DE		20,190		NTY OF O	
Œ	Franklin Squa	•	ta1		30. OIT,		ssvi1		NI II				
6	RESIDENCE OF DECEDENT	are nospi	tai			1102	22 VII	16			Bal	time	ore County
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY LIMITS?
		BAltimore					Esse	X					1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f	ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?		
剪	806 Mace AVe.						2	21221	-			USZ	A
교	11. MARITAL STATUS  1 Never Married 2 Married		YES 2		13. W	AS DEC	ENDENT OF	F HISPANI	C ORIGIN?	(Specify Yes	or No—	14. RACE Black	— American Indian, r, White, etc.
₩	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	1 ☐ YES 2 ☐ ÑŌ Specify:						Speci	ty:		
<u>a</u>	15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINES					INESS/IN	DUSTRY	White		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+		(Give kind of work done during most of working life. Do NOT use retired.)									
린	12th			Martin's									
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Su						Sumame)			
BE	Arthur S.	Wren		Amanda Bowman					a				
2	19a. INFORMANT'S NAME (Type/Print)		11	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town,						, State, Zi	p Code)		
-	Grace Wren		806	Mace	Ave	e. Ba	ltim	ore l	Maryla	and	2122	21	
	20a. METHOD OF DISPOSITION 1   Burlel 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE cemetery, cr	AND DATE O	OF DISPOSIT	FION (Na			DATE			City or To	
	4 Donation 5 Other (Specify)	ENGE	Gard	ensof	_	_		/2/9		Ros	ssville Md.		
	21. SIGNAL ONE OF FORERAL SERVICE ER	ENSEE	111		1		ID ADDRES						
	Connelly to	mera	Ho	nel									21221
	23-PART I. Enter the diseasea, proshock, propert fellure.	omplications that List only one ceu	caused the d se on each lin	esth. Do r e.	opt enter t	the mod	de of dyli	ng, such	as cardia	c or respi	ratory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Pro	bable	Int	racr	ani	al 1	Hemn	norha	age			Onset and Death
	resulting in death)		OR AS A CONSE		ENCE OF):								
Z	Convendelly list annelliters	Pu.	Lmonar	у Ну	pert	ens	sion						
	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE OF	ን:								
2 1	CAUSE (Disease or injury	c	OB AS A CONST	OUENOE OF									
CAUSE (Disease Dr Injury that inititeted events DUE TO (OR AS A CONSEQUENCE OF):													i l
E	resulting in death) LAST												
CERTIFI		d	O. C.										+
AL CERTIFI	PART II. Other significent condition	s contributing to	desth but not	resulting	n the und	lerlying	ceuse g	iven in F	Part I. 2	4a. WAS AN		24b	WERE AUTOPSY FINDINGS
DICAL CERTIFI	PART II. Other significent condition	s contributing to	desth but not Hear	resulting i	ilur	lerlying C	ceuse g	iven In F		PERFOR	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CERTIFICATION	PART II. Other significent condition	s contributing to agestive	desth but not e Hear	t Fa	ilur	lerlying E	) ceuse g	iven in F		PERFOR	MED?	24b	AMAILABLE PRIOR TO
	PART II. Other significent condition CO1	s contributing to agestive	desth but not e Hear	t Fa	ilur	lerlying C	j ceuse g	iven in F		PERFOR	MED?	24b	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significent condition CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ngestive	e Hear	t Fa	in the und	26. PL				PERFOR	MED?	24b	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significent condition CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO	HOSPITAL:	ER/Outpatient	t Fa	other:	26. PL:	ACE OF DE	EATH (Chec	ck only one)	PERFORI	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: M	PART II. Other significent condition CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ngestive	ER/Outpatient	t Fa	other:	26. PL: ing Home	ACE OF DE	EATH (Chec	ck only one)	PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: M	PART II. Other significent condition CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 USES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Morph of (Month, De	ER/Outpatient	t Fa	OTHER:	26. PL: : ng Home WOI 1  Y	ACE OF DE	EATH (Checked and Checked And	ck only one)  B Other ( 28d. DESC	PERFORI	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: M	PART II. Other significent condition CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:    Mospital:   Mospital:   Mospital:   280. Date Of (Month, Da	ER/Outpatient	t Fa	OTHER:	26. PL: : ng Home WOI 1  Y	ACE OF DE	EATH (Checked and Checked And	ck only one)  3 Other (  28d. DESC	PERFORI	MED?	CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	HOSPITAL: 1 Minpettent 2 280. DATE Of (Month, Dailoting,	ER/Outpatient INJURY INJURY INJURY — At hate. (Specify)	3 DOA 28b. TIME INJ	OTHER: 4   Nurshi	26. PL 26. PL 27. ng Hom WO 1  Y 28. INJU	ACE OF DE	EATH (Check slidence &	ck only one)  B Other ( 28d, DESC  28f, LOCAT City or	PERFORI  1 YES 2  Specify)  RIBE HOW IN  TOWN, State)	MED?	CURED  or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: M	PART II. Other significent condition  CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   X Netural 5   Pending Investigation 3   Suicide 6   Could not be determined  29e. CERTIFIER (Check only)  1   CERTIFYING PHYSI	HOSPITAL: 1 Morettent 2 28e. DATE OF (Month, Dailding,	ER/Outpatient INJURY INJURY INJURY FINJURY — At hate. (Specify)	B DOA  28b. TIM INJ  prine, ferm, 4	OTHER: 4   Nursil E OF   2 URY   M	26. PL: :- :- :- :- :- :- :- :- :- :- :- :- :-	ACE OF DE  5  Ret  URY AT  RK?  (ES 2	NO NO and due t	ck only one)  B  Other ( 28d. DESC  City or	PERFORI  1 YES 2  Specify)  RIBE HOW IN  ION (Street e Town, State)	MED?	CURED  or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: M	PART II. Other significent condition  CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Mospital:  28e. DATE OF (Month, De building, De CLAN: To the beele of ex	ER/Outpatient INJURY INJURY INJURY FINJURY — At hate. (Specify)	B DOA  28b. TIM INJ  prine, ferm, 4	OTHER: 4   Nursil E OF   2 URY   M	26. PL: :- :- :- :- :- :- :- :- :- :- :- :- :-	ACE OF DE	NO NO and due t	ck only one)  B Other ( 28d, DESC  28f. LOCAT  City or	PERFORI  1 YES 2  Specify)  RIBE HOW IN  ION (Street e Town, State)	MED?	CURED  or or Rural F  ted, he couse(s	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: M	PART II. Other significent condition  CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   X Netural 5   Pending Investigation 3   Suicide 6   Could not be determined  29e. CERTIFIER (Check only)  1   CERTIFYING PHYSI	HOSPITAL:  1 Mospital:  28e. DATE OF (Month, De building, De CLAN: To the beele of ex	ER/Outpatient INJURY INJURY INJURY FINJURY — At hate. (Specify)	B DOA  28b. TIM INJ  prine, ferm, 4	OTHER: 4   Nursil E OF   2 URY   M	26. PL: :- :- :- :- :- :- :- :- :- :- :- :- :-	ACE OF DE  S Ret  JRY AT  RK?  ES 2   and place,  eath occurre	NO and due to the total state the total state to th	ck only one)  B Other ( 28d. DESC  28f. LOCAT City or	PERFORI  1 YES 2  Specify)  RIBE HOW IN  ION (Street e Town, State)	MED?  JURY OC  nd Number  ner as stell due to 11	CURED  or or Rural F  ted.  he couse(a	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,
E COMPLETED BY PHYSICIAN: M	PART II. Other significent condition  CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Windstant 2     28e. DATE OF (Month, De building, De building, De building)	ER/Outpatient INJURY 19, Your)  FINJURY — At hete. (Specify)  my knowledge, d amination end/or	T Fa	OTHER:  OTHER: 4   Nurshi E OF URY M   2	26. PL: :- :- :- :- :- :- :- :- :- :- :- :- :-	ACE OF DE  S Ret  JRY AT  RK?  ES 2   and place,  eath occurre	NO NO and due t	ck only one)  B Other ( 28d. DESC  28f. LOCAT City or	PERFORI  1 YES 2  Specify)  RIBE HOW IN  ION (Street e Town, State)	MED?  JURY OC  nd Number  ner as stell due to 11	CURED  or or Rural F  ted.  he couse(a	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: M	PART II. Other significent condition  CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Windstant 2     28e. DATE OF (Month, De building, De building, De building)	ER/Outpatient  INJURY 19, Your)  FINJURY — At hete. (Specify)  my knowledge, d amination end/or	3 DOA 28b. TIME INJ	OTHER:  OTHER: 4   Nurshi E OF URY M   2  vitreet, factor  and at the tim n, in my opi	26. PL: ng Home 28c. INJI WOO 1  Yry, office	ACE OF DE  S Rec  DRY AT  RK?  ES 2   and place, eath occure	and due to the state of the sta	28f. LOCAT City or to the cause	PERFORI  Specify)  Specify)  Specify)  Specify)  Size How IN  Size How	JURY OC  AJURY OC  And Number  The as steed to the steed	cured for Aural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,  and manner as stated.  (Month, Day, Year)  9 - 9 2
BE COMPLETED BY PHYSICIAN: M	PART II. Other significent condition  CO1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Pimpettent 2 28e. PLACE Of building, CIAN: To the best of R: On the best of ax  0 COMPLETED CAUS M. D. 9	ER/Outpatient  INJURY 19, Your)  FINJURY — At hete. (Specify)  my knowledge, d amination end/or	DOA 28b. Time investigation and the court investing and the court investigation and the court investigation and th	OTHER:  OTHER: 4   Nurshi E OF URY M   2  vitreet, factor  and at the tim n, in my opi	26. PL: ng Home 28c. INJI WOO 1  Yry, office	ACE OF DE  S Rec  DRY AT  RK?  ES 2   and place, eath occure	and due to the state of the sta	28f. LOCAT City or to the cause	PERFORI  Specify)  Specify)  Specify)  Specify)  Size How IN  Size How	JURY OC  AJURY OC  And Number  The as steed to the steed	cured for Aural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Noute Number,  and manner as stated.  (Month, Day, Year)  9 - 9 2

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERT ILL	CAIL	JE DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  RUTH Rebe	acca		V	INTER	S	2. DATE O	F DEATH	2	92 92	3. TIME OF DEATH 10:00 PM M	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	-	IF UNDER 1 YE		+-	_		a. BIRTH	IPLACE (State or Foreign	
	218-22-6931	1 🗆 M 2 💢 F	92		ONTHS DA	-	(Month,	10/19		Countr	ryland	
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TO	WN OR LOCATION OF		10/13	9c. COUN			
TOR	NORTH ARUNDEL H	OSPITAL A	SSOCIAT	CION	GL	EN BURNIE	2			A.A	. COUNTY	
EC	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCATION					10d. INSIDE CITY	
- DIR	Maryland NA	4		Bal	timor	e City	(Bro	ok1yn	•	LIMITS?  1 X YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL DIRECTOR	100. STREET AND NUMBER 1005 Herndon	Court,				101. ZIP CODE 2122	5		10g. CITIZ	US/	CONTRACTOR OF THE PARTY OF THE	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X		If yo		F HISPANIC ORIGIN? (Specify Yea or No- 1, Mexican, Puerto Rican, etc.)  Specify:  14. RACE — American Indian Black, White, atc. Specify:  White					
	15, DECEDENT'S EDUC		16a. DE	CEDENT'S L	SUAL OCCU	16b.	KIND OF BUS	SINESS/INDU	USTRY	WILLICE		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life.	ive kind of we Do NOT use	retired.)	g most of working						
COMPLETED	6th Grade		Н	omema	ker		Hou	sewif	e a	nd Mother		
Š	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Melde								
BE (	Ernest Krus	se		Eliza Watts						Kru	se	
5	19e. INFORMANT'S NAME (Type/Print)		19			reet end Number or Rui						
F	Mr. George Wir	nters		9 Bo	nisee	Circle,	Lak	eland	, Flo	rid	a 33801	
	20a. METHOD OF DISPOSITION  X X Burlet 2 Cremation 3 Remo 4 Papetion 8 Other (Specify)	oval from State	20b. PLACE of Cemetary Ceda	Cedar Hill Cemetery 11/27 Baltin						more, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE K	evin E.	E. Ecker 22. NAME AND ADDRESS OF FACILITY MCCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Baltimore,								
CERTIFICATION	23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac of ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										Onset and Death  4 day	
CE		d										
MEDICAL	PART II. Other algoriticant condition  Congo 5 + ive  figure  25. WAS CASE REFERRED TO MEDICAL	peart feart tension	1		- C.C.	flying cause given	al	24a. WAS AN PERFOI	RMED?	241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	E000-1-1-1-1-1		OTHER:							
BY PHYSICIAN:	27, MANNER OF DEATH  1  Netural 5 Pending	28a. DATE OF (Month, Da	INJURY	28b. TIME	OF 26 JRY	c. INJURY AT WORK?		(Specify)	INJURY OCC	CURED		
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, o	F INJURY At he etc. (Specify)	ome, farm, s			28t, LOCA City of	ATION (Street or Town, State)	and Number	or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE										e) and manner ea stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	11/4	7 K.	10.		29c, LICENSE	NUMBER 5000	)	29d. DATE	E SIGNE	Month, Day, Year)	
5	DR. PO HSLU HUN					BURNIE,	MD. 21	061		1		
	31. DATE FILED (Month, Day, Year)	2 32. REGISTRAL	R'S SIGNATURE							-		
	DEC 1 1992 a	who Davidson	n-Mandell	2								

TO WE MOSETIAN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE CONTROTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

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0	HOSPITAL OR ATTENDED PHYSICIAN. The law requires that the death certificate be executed within 24 hours after	FUNERAL DIRECTOR AND THE COMPLICATE has been signed by the attending physician and completely filled in by the	80
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92 33515 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NOV: 25, 1992 YEAR PEARL L. YARMACK 4:45 A.M. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-46-7892 89 1 - M 2 -F YRS. NOV. 11 190\$MARYLAND DEL FACILITY NAME (If not institution, give street and number)

JEWISH CONVALESCENT CENTER 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 100. STATE MARYLAND BALTIMORE 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3703 SEVEN MILE LA., APT. C-3 21208 USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Ma 1 YES 2 XNO Specify: Specify BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high College (1-4 or 5+) condary (0-12) 12 HOUSEWIFE AT HOME 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) te SAMUEL LEVIN **JENNIE** BE BRAGER notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MRS. SAREVA RACHER 4104 CENTURY TOWNE RD. RANDALLSTOWN, MD 21133 pe 20s. METHOD OF DISPOSITION
1 № Burial 2 ☐ Cremation 3 ☐ Ratt 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Burial 2 Cremation 3 L 4 Donation 5 Other (Specify) must etery, crematory or other place) ATTZ CHAIM 11/27/92 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Æ. 6010 REISTERTOWN RD. BALTO., MD 21215 is marked, or item 23 shows any injury, or other traumatic event, the medical 23 ART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death erehral disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO IOR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES TO me 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME O 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the besis of autoination and/or investigation, in my opinion, death occured at the lime, deta and place, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, BE 97 70 23

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Type, Print

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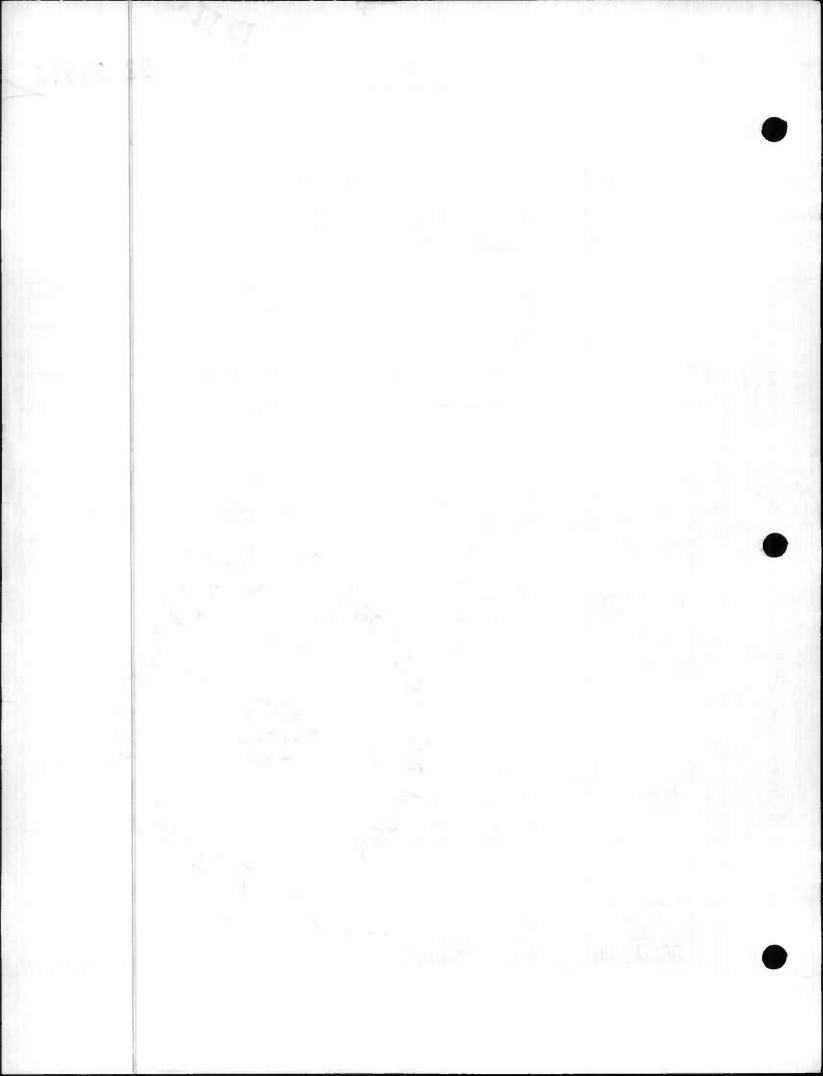
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urs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should re neroval.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirements in the continuous be executed within 25 June

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CTOR; After this certificate has been served by the attracting	after death with the State Dept. of Heart American	28 is marked, or item 23 shownamy intury for ot
DIRECTOR; After this certificate has been served by the artification	nours after death with the State Dept. of Hearth Assertion Projections	tem 28 is marked, or item 23 showmeny injury for ot
AL DIRECTOR; After this certificate has been served by the unit and	72 hours after death with the State Dept. of the state True Trois	If item 28 is marked, or item 23 shownsony injury for of
NERAL DIRECTOR; After this certificate has been selected by the united high	hin 72 hours after death with the State Dept. of Heart Assertion 1799	NT: If item 28 is marked, or item 23 showmany injury or of
FUNERAL DIRECTOR; After this certificate has been sured by the unauthoring	within 72 hours after death with the State Dept. of heart American right	TTANT: If item 28 is marked, or item 23 shownsony injury for of
THE FUNERAL DIRECTOR; After this certificate has been support by the authoriting	be filed within 72 hours after death with the State Dept. or the state	IMPORTANT: If Item 28 is marked, or item 23 shown any interpret traumatic event, the medical examiner must be notified at once.

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}	1. DECEDENT'S NAME (First)	Middle, Last)	W	ilmer	Am	es				2. DATE OF DEATH	30-92	YEAR	3. TIME OF DEATH			
													М			
	4. SOCIAL SECURITY NUMBER 217-14-880		5. SEX 1 M 2 F	8. AGE (In yrs	: lasi birthday) YRS.	IF UNDER	DAYS	HOURS	MIN,	7. DATE OF BIRTH (Month, Day, Year 8-10-1		8. BIRT	ny)			
l j	9s. FACILITY NAME (If not in	stitution, alve s	(reet and number)			9b. CITY	TOWN (	DR LOCAT	ION OF DE			ACCOMAC, Va.  24b. Were autopsy findings and Desth  Sirrest,  Approximate interval Between Onset and Desth				
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DIRE	Md.		ester		Snov			ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL DIRECTOR	10e. STREET AND NUMBER	ll Ro	ss St.				10	2186	53		10g. CI					
Z	11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN U.S.	ARMED	13	WAS DEC	ENDENT	OF HISPAN	IC ORIGIN? (Specify	Ves or No	I 14 BAC	F — American Indian			
	1 Never Married 2 3	Married	FORCES?	YES 2	NO		If yes, sp	ecity Cubi	an, Maxicai	, Puarto Rican, atc.		Blac	k, Whita, atc.			
BY	3 Widowed 4 Dive		IF YES, GIVE	MAR OR DATES			1 TYES	2-1 NO	Specify	:		Spec	offy:			
		47.1										<u> </u>	aca			
ш	15. DEC (Specify on)	EDENT'S EDU highest grade	CATION completed)	16a	Give kind of	USUAL O	CCUPATIO	ON ast of work	ina	16b. KIND OF	USA  Hy Yes or No—  14. RACE — American Indian, Black, Whita, atc. Specify: Black  DF BUSINESS/INDUSTRY  Siness Farm s  Adden Surname)  2.  Or Rown, State, Zio Code) Hill, Md. 21863  Oc. LOCATION — City or Town, Stata Snow Hill, Md.  Ome—Accomac, Va.  reepiratory srrest, Approximate interval Between Onset and Death					
<u> </u>	Florenten/Seconden (0.12) College (1.4 or 5.1) We. Do N						adding mi	or or worre		70		9c. COUNTY OF DEATH  WOTCESTET  10d. INSIDE CITY INSTANTANTO 10g. CITIZEN OF WHAT COUNTRY?  USA  9c or No—  14. RACE—American Indian, Black, Whita, atc. Specify: Black  USINESS/INDUSTRY  Ness Farm s  10 Surname)  2.  100, CITIZEN OF TOWN, State 10 WHill, Md.  11 Ad.  12 Approximate 11 Interval Between 12 Onset and Death 13 Approximate 13 Approximate 14 Approximate 15 Approximate 16 Interval Between 17 Approximate 18 Approx				
4	6	Labo	rer				Business Farm s									
2	AN EATHERING MANUE (EV.)			-	Tall area											
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Sidney Ames  ts. MOTHER'S NAME (First, Middle, Maiden Surname) Catherine ?															
BE (					oa	oner The	•-									
	19a. INFORMANT'S NAME (	ADDRES	S (Street a	and Numbe	or or Rural F	Route Number, City or	Yown, State. 2	(ip Code)								
2	France		S		111	Ro	SS	St.		Snow E	ill.	Md.	21863			
	20a. METHOD OF DISPOSIT		and for the	20b. PL/	ACE OF DISPO				metory or							
			ioval from Stata	Oliv	Mil Mil	. W	esl	ey								
	1 Donation 5 Other (Specify 21. Signature Of Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY									•						
	Keith C. whatton Wharton Funeral Home-Accom										ac, Va.					
		eart fallure.	complications the List only one ca	et caused the use on each	e deeth. Do lina.	not antai	r the mo	de of dy	ying, suci	h es cerdiec or re	epiratory s	rrest,	interval Between			
- 1	IMMEDIATE CAUSE (Findisesse or condition	nai	1,04	U	CANL	50							7			
- 1	resulting in death)	<b>→</b>	8.	-	U/V/	/ \							> MONH			
- 1			DUE TO	OR AS A CO	NSEOUENCE (	OF):							/			
z			h													
CERTIFICATION	Sequentially list condit		DUE TO	OR AS A COL	NSEOUENCE C	P):										
A	if any, leading to imme csuse. Enter UNDERLY															
0	CAUSE (Diseese or inju		C	100 10 1 00	MARALIEN A											
<b>E</b> I	that initiated events		DOE II	OR AS A CO	NSECUENCE (	)r):							i			
<u>c</u>	resulting in daeth) LAS	"	d													
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	PART II. Other significa	ent condition	ns contributing to	daeth but n	not reaulting	in the u	ndariyin	g ceusa	given in		AN AUTOPS	Y 24				
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ā				-						1   YE	S 2   NO		OF DEATN?			
MEDICAL													1 YES 2 NO			
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A	25. WAS CASE REFERRED 1	O MEDICAL					26. P	LACE OF	DEATH (Ch	eck only one)		1				
프	EXAMINER?		HOSPITAL:	ACCOVE OF		OTHE	R:									
PHYSICIAN:	1   YES 2   NO		1 Inpatient 2	☐ ER/Outpaties	nt 3 🗆 DOA		rsing Hor		Taaldence	8 Other (Specify)						
포	27. MANNER OF DEATN		28a. DATE O	F INJURY Day, Year)	28b. TI	ME OF		JURY AT DRK?		28d. DESCRIBE HO	OW INJURY C	CCURED				
		Pending	(MURI),	way, rour)	l In	M		YES 2	□ NO							
B	2 Accident	Investigation	20. DI ACE	OF IN ILIEV	11 5000 6000				_	nes I OCATIONI (C)	mak and March		Charles Marine			
ا ۾		Could not be		OF INJURY — I i, etc. (Specify)	ni (mille, Taffii,	acrews, TRC	cory, offi	odi		28t. LOCATION (St. City or Town, S		HI OF PRIME	rivate riumoer,			
COMPLETED	4 Homicide	detarmined														
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(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.																
6	2 MED	ICAL EXAMIN	ER: On the besis of	examination an	d/or investigat	lon, in my	opinion,	death occ	ured at the	time, data and plac	e, and due to	the cause	(s) and manner as stated.			
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2	1/139	> 12	. 4/2					10	1. 1	37		11/3	112			
F	30. NAME AND ADDRESS	F PERSON WI	NO COMPLETED CA	USE OF DEATN	(ITEM 27) (Typ	e, Print)	_			- 1		1				
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	31. DATE FILED (Month, Day,		12 PECIETY	AR'S SIGNATU	DF .		-)		-	- 71.0	-1	/	-1,			
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## RALPH ADKINS STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		NEGISTRAN				CENTIF	ICALE	: OF	DEA	I m		REG. NO.					
	- 8	1. DECEDENT'S NAME (First									2. DATE	OF DEATH	Y	YEAR 3	. TIME OF DEATH		
		Ralph	Mau	ırice	Adkiı	ns						11 - 06			6:50 p <sup>M</sup>		
		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	_	IF UNDER	24 HRS.	7 DATE	OF BIETH	Í	8. BIRTHPL	ACE (State or Foreign		
-	- 1	220-10-9622		1 M 2 🗆 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	017	1. 267 1	0	Country)	and		
should	- 1	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE	ATH			TY OF DEA			
e2	Œ	Califabres North					-						1		••••		
2,	DIRECTOR	Salisbury Nursi	ng & Re	habilitati	on Center	<u>r</u> .	Sali	sbur	<u>v</u>		_		Wic	mico			
See	ñ	10a. STATE	10b. COUNT	Y		10c. CI	TY, TOWN O	R LOCA	TION					- 1	Od. INSIDE CITY		
.d	5	Maryland	Wic	omico		Н	ebror	1						١,	LIMITS?		
permit. Pages	7	10e. STREET AND NUMBER						10	r, ZIP COD	E	_		10a, CITIZ		AT COUNTRY?		
	3	104 Grove	Stroot						2.1	830				ISA			
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	orreer		AT EVER IN II A	ADMED	100										
hysic hysic write	日	1 Never Married 2	Merried	12. WAS DECEDED FORCES?	YES 2	NO	l H	yes, sp	pecify Cube	n. Mexica	n. Puerto	N? (Specify Yes Rican, etc.)	or No-		- American Indian, White, etc.		
21215-0020 al or attending physician. for use as the burial-tran	BY	3 Widowed 4 Divo	rced	IF YES, GIVE Y	MAR OR DATES		1	YES	2 NO	Specify	<i>r</i> :			Specify:	ita		
15-0 tending as the		15. DEC	EDENT'S EDU	CATION	160	DECEDENT'S	I IISIIAI OO	CHIDATI	ON	_	101	VIND OF BUILD	NITOO III IO		ite		
T 8 2	ETED	(Specify only	y highest grade	completed)		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working tille. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY						•					
	7	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)						C	ounty	schoo	1 637	ctem		
AND the hospit detached once.	COMPL	17, FATHER'S NAME (First, M	licidia ( aat)		maintenance 18. MOTHER'S NAME (First						_			1 39	3		
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TARY stained by should be stiffed at	BE	Handy (unk		ins											5		
MARYLAND retained by the hospit S should be detached notified at once.	2	196. INFORMANT'S NAME (7			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Z								0.1				
y ber		Frank A. D.		45 Deer Harbor Drive., Salis						lisbur	y, ML	218	01				
때 등 등 편		20e. METHOD OF DISPOSIT	ION on 3 🗌 Rem	oval from State		CE AND DATE		TION (N	ame of		DAT	E 29c. LOC	CATION — C	ity or Town	i, State		
S o o	- 1	Springhill Memory Gardens   11/10 Hebron,										Md.					
BALTIM after death. Page by the funeral direct moval.	- 8	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Holloway Funeral Home															
AL fune fune		Mason .	Mol	2000	/		H	2110	way	Fune	ral	Home .	1	MD	21001		
B/ rs after or by the removal.		23. PART I. Enter the di	Noce	loway		dalah Da	] 50	J 1 8	now	HILL	Kd.	, Sali	sbury	, MD			
urs Fer in the		shock, or h	eart fallure.	List only one can	wee on each if	ine.	not enter	the mo	ode of dy	ing, suci	h as can	diac or respi	ratory arre	st,	Approximate interval Between		
	- 1	IMMEDIATE CAUSE (Fir	nei	6				~							Onset and Death		
	- 1	disease or condition	<b>→</b>		can			_									
				DUE TO	(OR AS A CON!	SEQUENCE O	20			_	4.						
executed and con o burial.	N	Sequentially list conditions, b. Service Daneston															
×	ERTIFICATION	If any, leading to immediate DUE TO (ON AS A CONSEQUENCE OF):															
BO cate b hysicia prior	2	cause. Enter UNDERLYING CAUSE (Disease or Injury															
certificate ding physi lygiene pr	Ë	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  positing in death LAST															
0 = 5 - 5	E I	resulting in death) LAST  d. Zlywar dwar dward															
	2	PART II. Other aignifica	nt condition	e contributing to	deeth but no	t resulting	in the uni	derivin	C COLLOG (	niunn in	Dart I	24a. WAS AN	ALITTOREY	T 245 W	TOT ALTONOV CHIONIOS		
C # 5 5 2	DICAL							oct.y	A canae i	ALCO HE	rait i.	PERFOR		A	VAILABLE PRIOR TO		
O fi poff #	Ē										- 1	1   YES 2	HO		OMPLETION OF CAUSE F DEATH?		
D 00 00 00	×													1	☐ YES 2 ☐ NO		
1812	ž																
A ME B	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF D	EATH (Che	ick only or	ne)					
CLA Street	S	1 - YES 2 -NO		1 Inpatient 2	☐ ER/Outpatient	3 DOA	4X Nurs		ne 5 🗆 Re	sidence	6 🗆 Othe	er (Specify)					
OF V HYSICIA his certif with the ked, or	РНҮ	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIN	IE OF		JURY AT		28d. DES	SCRIBE HOW IN	JURY OCC	JRED			
NG PHYS frer this ceath with marked	BY		Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ay, roary		M		YES 2	NO							
NOING P WOING P S Ther Is mar		a D dutates	Could not be	28e. PLACE C	OF INJURY — At	home, farm,	street, facto	ory, offic	:0		28f. LOC	ATION (Street a	nd Number o	r Rural Rou	te Number,		
2 # 9 E 8	ETED		determined	ounding,	ave. (Specify)						City	or Town, State)					
OR A DIRECT HOURS	7	29e. CERTIFIER 1 CERT	TEVING PHYSI	CIAN: To the heet of	I my knowledge	doub none	and at the the			32.57							
4 4 2 E	COMPL			CIAN: To the best of											CONTROL OF THE STATE OF		
HOSP	8	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated.										nd manner se stated.					
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICE	NSE NUM	BER	- 0	29d. DATE	SIGNED (N	fonth, Day, Year)		
TO THE HOSPIT TO THE FUNERA be filed within 7	2		10	00					1	en:	29	349	1	17%	182		
	- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							•								
1	1.1	William	ROB	INS	1104	HE	91.	74	wy	11/.	DR	.501	ick	UPI	1.111		
	0	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	AR'S SIGNATIURE	600				/	-	1091	20	1 6	Vien		
	T	NOV 1 2 1	992	gura vavi	יין ייין וייין דיי דסכניי									10	-100/		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$25,300 after death, Page 6 pages 10 the things the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction page 5 pages 10 the same of the bundal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bundal, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEOENT'S NAME (First, Middle, Last)	2					2. DATE OF DEATH SAY YEAR 3. TIME OF DEATH					
	Harry	Adams					11- 18- 92			5:30 рм		
					UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH					6. BIRTHPLACE (State or Foreign Country)		
			8 YRS. WONTHS DATS					05/189	94 Washington DC			
ا ي	9e. FACILITY NAME (If not institution, give stre		9b. CITY, TOWN OR LOCA							'		
DIRECTOR	Post Office Box		Hughesville				Charles					
H 1	10a. STATE 10b. COUNTY	10c. CIT	10c. CITY, TOWN OR LOCATION				10-			I INSIDE CITY LIMITS?		
百	Maryland Charl	Hu	Hughesville							XYES 2 - NO		
FUNERAL	10e. BTREET AND NUMBER		101. ZIP CODE				tog. CITIZEN OF V			COUNTRY?		
ÿ	Post Office Box		20637  N U.S. ARMED 13. WAS DECENDENT OF HISPAI					USA				
	11. MARITAL STATUS  1 Never Merried 2 Merried	R IN U.S. ARMED	2 NO If yes, specificates 1 YES 2			can, Puerto		or No.— 14.	Black, Wh	IACE — American Indian, Black, White, etc.		
B	X☐X Widowed 4 ☐ Divorced	. 919				ZXXNO Specify:			Specify: Black			
CI I	15. DECEDENT'S EDUCA (Specify only highest grade of	16a, OECEOENT'S	16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KIND OF BUSINESS/INOUSTRY					
	Elementary/Secondary (0-12)	life. Do NOT us	life. Do NOT use retired.)									
MP	8th	Far	Farmer				Farming					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  Joseph Adams						ME (First, Middle, Meiden Surneme) eanna Bruce					
8	19e. INFORMANT'S NAME (Type/Print)	10b MAII ING										
P	Henry Adams									20613		
	20e. METHOD OF DISPOSITION		0b. PLACE OF DISPOS	SITION (Name	e of ceme	stery, crematory or		20c. LO	CATION — City	or Town,	Btate	
VG/Buriel 2 Cremetion 3 Removal from State other place)  4 Donation 6 Other (Specify) Maryland Veterans Cemetery Chelten										ham, MD		
	21. SIGNATURE OF METAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Adams Funeral Home, P.A.											
	Aquasco Road, Aquasco, MD. 20608											
	23. PART I. Eleter the diseases, or co										Approximata Interval Batween	
	ahock, or light fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel									Onset and Death		
	disease or condition resulting in death)  a. C 2 C un o un q of Kickney  DUE TO (OR AS A CONSEQUENCE OF):									54-5		
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
Ä	rany, laading to immediata cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST d.	resulting in death) LAST										
										RE AUTOPSY FINDINGS		
ICAL	Damentis,	_					PERFORMED?  1 YES 2/M NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
밀	Cochegos.									1 YES 2 NO		
PHYSICIAN: MEDI												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		CE OF DEATH (	Check only o	one)				
YSI		1   Inpetient 2   ER/Outpatient 3   DOA   4   Nursing Home										
	27. MANNER OF DEATH  1 Netural 5 Pending					PRK7		CRIBE HOW INJURY OCCURED				
B√	2 Accident Investigation	IRY — At home, farm.				/ES 2 NO		LOCATION (Street and Number or Rural Route Number,				
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Rout City or Town, State)											
	290. CERTIFIER CERTIFYING PHYSICI	AN: To the best of my kn	owledge, death occur	ed at the time	n data c	and place, and d	ue to the co	ause/a) and man	mer en stated			
ğ	(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.											
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
) BE	Rul. Late		]			D180533			11/19/52			
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF										
		Rongled Landons in two 9/3/ Pizes to my Rod C1 in ton med										
	31. DATE FILED (Month, Day, Year)	Julia Davi	GNATURE danded	2								

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DIVISION OF VITAL_RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The the death certificate be executed within 2-10 yours after death. Page 6 may be retained by the hospital or attending physician.  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The the death certificate be executed within 2-10 yours after the hospital or attending physician.  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The death certificate has been physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be calculated by the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be calculated by the burial-transit permit.	IMPORTANT: If item 28 is marked, or item 22 shorts my rijury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF H	EALTH AND M	ENTAL HYGIEN	E 92	33519	
	1. DECEDENT'S NAME (First, Middle, Last)	Albanese				2. DATE OF DEATH DATE NOVEMber	AY YE	3. TIME OF OEATH 7:57 A M	
1	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	UNDER 1 YEAR		7. OATE OF BIRTH	8.0	BIRTHPLACE (State or Foreign	
	236-28-0357  9a. FACILITY NAME (If not institution, give str		5 YRS.	THE DAYS	HOURS MIN.	Oct. 13,1	907 V	Vest Virginia	
œ	Residence: 238 Mou				ryville	in .	ye. COUNTY	Cecil	
DIRECTOR	RESIDENCE OF DECEDENT						<u> </u>	00011	
R	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	Maryland	Cecil			cryville			1 TES XX NO	
3AL	10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	238 Mountain Hill	12. WAS DECEDENT EVER IN	I II C ADMED	L 42 HPG DEG	2190	ORIGIN? (Specify Yes		S.A.  RACE — American Indian,	
	1 Never Married 2 Merried	FORCES? 1 YES	2XX NO	If yes, sp	ecify Cuban, Mexican, 2XXNO Specify:		14.	Black, White, atc.	
ВУ	3 XWidowed 4 Divorced	IF TES, GIVE WAR ON DA	AI ES	I I TES	ZALANO Specify:			Specify: White	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEOENT'S USL (Give kind of work	IAL OCCUPATIO	ON at of working	16b. KIND OF BU	SINESS/INDUST	RY	
91	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)					
M	Eight Years		Self-E	Employe				Restaurant	
	17. FATHER'S NAME (First, Middle, Lest)  John M.	Clark				E (First, Middle, Meiden Carrie Ru			
BE	19e. INFORMANT'S NAME (Type/Print)	Clark	T tob MAII INC AD	DOECS (Street -		ute Number, City or Tow		41	
2	John Albanese		and the state of t			, Perryvi			
	20a METHOD OF DISPOSITION 1X XBurlel 2 Cremation 3 Remo	201:	PLACE OF DISPOSITION				CATION — City		
	1XXBuriel 2 Cremation 3 Remo	val from State	other place) t. Peter's					t, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE-LICE		0002.0	22. NAME AF	ID ADDRESS OF FACI	UTY			
	March D		4			son & Son	n Funer	al Home	
	23. PART i. Enter the diseases, or co	omplications that caused	the death. Do not		ville, Ma		iratory erreat	, Approximate	
	ahock, or heact/fallura. L	ist only one cause on e	ech iine.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	interval Batwean Onset end Deeth	
	disease or condition  Aron: Care a tive Heart Failure						15441		
	disease or condition resulting in death)  Our conceptive Heart Failure  DUE TO (OR AS A CONSEQUENCE OF):							13913	
z									
CERTIFICATION	Sequentieily list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		,				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	CAUSE (Disease or Injury							
Ē	that initiated events resulting in death) LAST	542 10 (011 145 1	t bottoceoctroc or j.					j	
CE		la							
A.	PART ii. Other eignificant conditions	contributing to death b	out not resulting in t	he underlyin	g ceuse given in P	Part i. 24a, WAS AN	NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
100	Dreist Cunc	er - Infil	trating 1	ut Ce	11 Carcino	1 TYES	2 X X10	COMPLETION OF CAUSE OF DEATH?	
E	hend Insufficiency					_		1 TYES 2 NO	
PHYSICIAN:		/							
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_   0	THER:	LACE OF DEATH (Chec				
1×S	1 TYES 2 XXO	1 Inpetient 2 ER/Outs 28a. DATE OF INJURY	28b, TIME 0		NO 5 X Medidence 6	Other (Specify)  28d. DESCRIBE HOW	IN HIRV OCCUR	50	
T	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WC	YES 2 NO	200. DESCRIBE NOW	INSONT OCCOR		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — Al home, farm, stre-			281. LOCATION (Street and Number or Rural Route Number,			
COMPLETED	4 Homicide determined	building, etc. (Spec	cify)			City or Town, State	)		
,E	29a, CERTIFIER WY CERTIFYING PHYSIC	CIAN: To the best of my know	riedge, death occurred a	t the time, date	and place, and due t	n the cause(s) and ms	nner se steted		
MP	CONSTRUCTION OF THE PARTY OF TH					The rest of the last of the		ause(s) end manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	Part Allow Chaster			29c. LICENSE NUMI	The state of the s		IGNED (Month, Oay, Year)	
BE	H. Jark	as MD			015314		► /1/	20/92	
5	30. NAME AND ADDRESS OF PERSON WHO						(1)	- / / -	
	Henry Farkas, M.D	.,Northern C	hesapeake		e, 111 H	oward St.	, Elkto	on, MD 21921	
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  SIGNATURE  Such a Devident Pandalle									

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Devident Mondage

1 - FOR STATE REGISTRAR		STATE OF MAR	YLAND /	DEPARTME ERTIFICA	ENT OF	HEALTH F DEA	AND I	MENTAL HYGIEN	92	33	520	
1. DECEDENT'S NAME (Firs	t, Middle, Last) AVID BU	TLER				Du	Hev	2. DATE OF DEATH MONTH DA	3 9	3. EAR 3.	TIME OF DEATH	м
4. SOCIAL SECURITY NUM  214 - 38 - 4  9a. FACILITY NAME (# not E	262 1	XM 2 □ F	GE (In yrs. las	YRS. MON			MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/21/42		Balt	CE (State or Foreign	
N .	1 Count	y General	Hospi			minste				Carı		_
10a. STATE MD	10b. COUNTY	roll		10c. CITY, TO		nster	73				d. INSIDE CITY LIMITS?  YES 2 NO	
100. STREET AND NUMBER 245 Sta						101. ZIP COD	E		10g. CITIZEI		T COUNTRY?	
11. MARITAL STATUS  1 Never Married 2	Married 1	2. WAS DECEDENT EVI FORCES? 1 X 1 IF YES, GIVE WAR O	ES 2 1	MED NO	If yes	DECENDENT	OF NISPAI	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:				
15. DE (Specify or Elementary/Secondary (	CEDENT'S EDUCAT by highest grade co 0-12)	mpleted) College (1-4 or 5+)	(G life	CEDENT'S USU live kind of work of Do NOT use reti	done during red.)	PATION g most of world	ing	16b. KIND OF BUS		TRY		
17. FATHER'S NAME (First, I	Middle, Last)	5+		Deacor	1	18. MOT	HER'S NA	Chur				_
Herbert	Arthur	Butler				Ca	the	rine Dav	is			
19a. INFORMANT'S NAME (	**							Poute Number, City or Tow Ve. West!		- 1	100 044	-
20s. METHOD OF DISPOSI 1 A Burlel 2 Cremet 4 Donellon 5 Othe 21. SIGNATURE OF FUNER	TION on 3 - Remove r (Specify)	al from State	20b. PLACE other pi	OF DISPOSITIO	N (Name of	tions	matory or	nc. Hai	cation - cir npste	or Town,	Stata MD	
23. PART I. Enter the	diseases, or con heert fellure. Li inel	Pritts.  mplications that cause of only one course of the to one to the total course of the total course o	meet the den	beth. Do not e		mode of dy		1-10			Approximate Interval Between Option and De	een
Sequentielly list condification, leading to immicause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA	ediete /ING ury	1 Herose	Le conse	ACC (	00	dec V	use	dev Do	wax	0	Jentre	
PART II. Other algnific	PERFORMED?  1 YES 2 NO OF						ERE AUTOPSY FINOR NALABLE PRIOR TO COMPLETION OF CAUS F DEATH?  YES 2 NO.					
25. WAS CASE REFERRED EXAMINER?		HOSPITAL:	Outnetlant		HER:	6. PLACE OF						
27. MANNER OF DEATH	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY				TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED							
4 Nomicide	Could not be detarmined	28e. PLACE OF IN. building, etc.	IURY — At h (Specify)	ome, farm, stree	t, factory,	office		281. LOCATION (Street City or Town, State)	and Number or	Rural Rou	te Number,	
one) Man	DICAL EXAMINER	/ - /				on, death occ	ured at the	e to the cause(a) and ma e time, data and place, as	nd due to the	cause(a) a		d.
296. SIGNATURE AND THE	S CHUZINIAN	Jane	Sul			De	59	05		No	PZ	_

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be notified at once.

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first any injury, or other traumatic event,

PHYSICIAN: MEDICAL

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HOSPITAL OR ATTENDING PHY

TO THE HOSPITAL OR ATTENDING PRO TO THE FUNERAL DIRECTOR: After the De filed within 72 hours after death wi IMPORTANT, If Item 28 is marks

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cian.	<b>Ltransit</b>	
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92 33521 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH TILDEN F 171990 YEAR PEETCHER HER BARNISPESSES Nov.17 /1/1:35PMM SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR 7 IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 07/18/98 94 217-24-9220 1 MMALE DAYS HOURS MARYLAND 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 9803 CLEMSONVILLE RD. UNION BRIDGE FREDERICK RESIDENCE OF DECEDENT 10d. INSIDE CITY
LIMITED
1 YES 2 NO 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD FREDERICK UNION BRIDGE FUNERAL 10a STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 9803 CLEMSONVILLE RD. 21791 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuban, Mexican, Puerto Ricen, etc.) WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian. Black, White, atc. If yes, specify Cubs 1 Never Married 2 Married Specify: BY 3 Widowed Widowed YES WHITE WW NO COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) POLTCEMAN CITY GOVT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) RICHARD T. BARNES BE MINNTE BELL HARE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 TILDEN F. BARNES ATRY FAIRVIEW AVE MT MD 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal-from State DATE 4 ☐ Donation 5 ☐ Other (Specify) CEMETERY NR. NEW WINDSOR, MD 21. SIGNATURE OF FUNERAL SERVICE LICENT 22, NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS NEW WINDSOR, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Float Onset and Death disease or condition resulting in death) 40 CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST

	d.				
PART II.	Other algnificant conditions	contributing to	death but not resulti	ng in the underlying o	ause given in Part I.
	1778	Ente	NOON		
	1341	COLF	+-		

24s. WAS AN AUTOPSY 1 TYES

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

26. PLACE OF DEATN (Check only one)

YES 2 NO	1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu	rsing Nome 5 Residence	8 Cher (Specify)
NNER OF DEATN  Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE NOW INJURY OCCURED

27 MA 12 Accident Suicide Could not be

4 Homicide

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

ERRIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and menner as stated.

5	2   NO		
		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

JOHN M.	URHIGH. 10
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE

'92

32. REGISTRAR'S SIGNATURE Julia Davidson-Randale

comiticate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law mounts that the facility conflicate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE RUNERAL DIRECTOR After this conflicate has been separable the affining a physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Metall Physics prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or from 23 shows any future, or other traumatic event, the medical examiner must be notified at once. D. BOX 68760,

DIVISION OF VITAL RECORDS

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE O	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATN	3. TIP	ME OF DEATH
	Vereni	th Buckhei				October 26,1992 9:		9:45 a M	
			AGE (In yrs. lest birthday)				RIGTH		State or Foreign
	210 16 0650	1 □ M 2¥ ] (F	66 YRS.	MONTHS DAYS		(Month, Di	2/26	Country)	
	218-16-9658		00 1113.						MD
_	Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	OR LOCATION OF DE	ATH	9c. C0	OUNTY OF DEATH	
ö	ADT. 5B Coloni	al Manor	Apts	Chest	ertown,	MD		Kent	
5									
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOC	ATION			10d. I	INSIDE CITY
Ճ	MD	Kent		Chester	town				YES 2 NO
4	10e. STREET AND NUMBER				of. ZIP CODE		10g. C	CITIZEN OF WHAT C	OUNTRY?
FUNERAL	Colonial Manor	· Anta A	nt 519	1	21620			USA	Δ
Z	11. MARITAL STATUS	12. WAS DECEDENT E		1 40 1110 0					
교	1 Never Married 2 Married	FORCES? 1	YES 2 XNO	If yea,	ECENDENT OF NISPAN specify Cuban, Mexica	NC ORIGIN? (S n, Puerto Rice	pecify Yea or No n, etc.)	- 14. RACE - An Black, White	nerican Indian, a, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YI	S 2 NO Specify	r:		Specify:	
	42 000000000000000000000000000000000000								hite
1	15. DECEOENT'S EDI (Specify only highest grad	completed)	16s. DECEDENT'S (Give kind of	WSUAL OCCUPA work done during i se retired.)	TION nost of working	16b, KH	ID OF BUSINESS/	INDUSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)			1	77			
F	12		Homen	naker		HC	me		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Midd	le, Maiden Surname	)	
	Anton W. Heir	refield			Annie	R. Do	wling		
96	19a. INFORMANT'S NAME (Type/Print)	-	10h MAII ING	ANNDERS /Char	and Number or Rural F			70.0-41	
9	Service and the second of the second	1	4					Zip Code)	
	Christie B. C	rabis			lle, MD	216	1/		
	20s. METHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 Ren	noval from State	20b. PLACE AND DATE cemetery, crematory or o	thor place!		DATE		- City or Town, Sta	eta
	4 Donation 5 Other (Specify)		Wesley (	lemete:	cv 10/31	/192	Rock	Hall, M	MD
(	21. SIGNATURE OF FUNERAL SERVICE LI	CE LICENS 22. NAME AND ADDRESS OF FACILITY							
	May D	1000	_	Fel:	Lows-Wel	1s Fu	neral	Home	
	Mary &	Illow		413	High St	Che	sterto	wn, MD	21620
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that c	eused the death. Do i	not enter the n	ode of dying, suci	ss cerdiac	or reapiratory		Approximate
1	IMMEDIATE CAUSE (Final	List only one ceuse	on eech line.						Interval Between Onset and Death
	disesse or condition	nt.	0	whice Heart Breeze					Onset and Death
1	resulting in death)		R AS A CONSEQUENCE O		Test	000	CERT		
_		DUE 10 (O	A A CONSCOUENCE U	r):					
CERTIFICATION	Sequentielly list conditions,	b							
<b>E</b> I	If any, leading to immediate	DUE 10 (OI	R AS A CONSEQUENCE O	F):					
5	CAUSE (Disease or injury	c							
1	that initiated events resulting in death) LAST	OUE TO (OI	R AS A CONSEQUENCE O	F):					
H	resulting in death) LAST	d							
	PART II Other elections are dist								
EDICAL	PART II. Other significant condition				ng csuae given in	Part I. 24	. WAS AN AUTOPS PERFORMED?		AUTOPSY FINDINGS
8	@ Extensive	d Aut	enor m	2		1.1	YES 2 NO	COMP	LETION OF CAUSE
<u>u</u>	Q Hypothy or	derin				_   ' '		OF DE	
Σ	7	Co Control				- 1		ישי	YES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL								
□ □	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Che				
YS	1 TYES 2 THO	1 Inpatient 2 I E	R/Outpatient 3 DOA	4 - Nursing No	me 8 Hesidence	6 🗆 Other (Sp	ecify)		
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF IN. (Month, Day,			IJURY AT	28d. DESCRI	BE NOW INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(3.5, 2.5).	, ,		YES 2 NO				
	3 Suicide 8 Could not be	28s. PLACE OF II	NJURY — At home, ferm,	street, factory, of	len	28f. LOCATIO	N (Street and Numb	ber or Rural Route No	umber
H H	4 Homicide determined	building, atc	. (Specify)			City or To	wn, State)		arrivary,
<u>u</u>	29a. CERTIFIER								
린	(Check only		knowledge, death occurr						
COMPLETED	2 MEDICAL EXAMINE	ER: On the beels of exert	ination and/or investigation	on, in my opinion,	death occured at the	time, data and	place, and due to	the cause(s) and m	nanner sa stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUM	BER	294 D	ATE SIGNED (Month,	Day Mane)
8	1616 alum.	ans			0213.	_		10/28/9	Day, rear)
2	30. NAME AND ADDRESS OF PERSON WE		OF OFATN STEPS	Out-of	1000	)	′	-12017	
	7 // // S /	1 2 A	OF USAIN (ITEM 27) (Type,	rrint)	211-				
10	LIG Tright	IT, ch	esterlown	, ma	. 46	co			
1	31. DATE FILED (Month, Day, Mar)	32. REGISTRAR'S	SIGNATURE						
	OCT 30 '92	Such	estectown SIGNATURE a Savidson-Par	dell					

. C,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TAL OR ATTENDING PHYSICIAN: The law required that the test the test of the control of the contro	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the futneral director, name 5 should be detached for use as the burial-transfer name 1, 9, about	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with t	MPORTANT: If Item 28 is marked, o

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMI	ENT OF H	EALTH AND I	MENTAL HYGIE		. 00020	
	1. DECEDENT'S NAME (First, Middle, Last)  Christine MAX	(NARD Rale	dwin			2. DATE OF DEATH MONTH	DAY 1	7EAR 4:34 PM	
	4. SOCIAL SECURITY NUMBER			NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
	115-24-0304		63 YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year) FEB. 27		Country) WASHINGTON, D	
	9e. FACILITY NAME (If not institution, give str	set and number)	9b.	CITY, TOWN C	R LOCATION OF DE			Y OF DEATH	
DIRECTOR	The Kent & Queen	Anne's Hospita			<u>iestertov</u>	vn	Kent		
	MARYLAND 106. COUNTY	KENT	CHES	TERT				10d. INSIDE CITY LIMITS? 1 2 YES 2 N NO	
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
KER	P.O. BOX 6	10			21620			USA	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO	If yes, spe	ENDENT OF HISPAN polity Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify ) n, Puerto Rican, atc.)	fes or No— 14	Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION 16	A. OECEDENT'S USUA	L OCCUPATIO	N	16b. KIND OF B	USINESS/INDUS		
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work di life. Do NOT use retin	ed.)	st or working				
Δ		4	HOMEMAK	ER			HOM	Œ	
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meide	on Surname)		
BE	THEODORE MAYNA	ARD				CASEY			
5	199. INFORMANT'S NAME (Type/Print) SAMUEL C. BALDY	VIN				TERTOWN			
	20e. METHOO OF DISPOSITION  1 □ Burlel 2 □ Cremation 3 □ Remote 4 □ Donation '5 □ Other (Specify)	20s. METHOO OF DISPOSITION  1 Buriel 2 Cremation 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of Cample of C							
	21. SIGNATURE OF FIRMERAL SERVICE LICE		-		O ADDRESS OF FAC		JVER,	DE.	
	Jan B. 7	ellax		FELL	OWS-WEL	LS FUNE			
CERTIFICATION	IMMEDIATE CAUSE (Float	DUE TO (OR AS A COL	Leady - NSEQUENCE OF): Ve w t NSEQUENCE OF):	Reci	te myo	CAREDIA.	LINFA 47100	Interval Between Onset end Deeth	
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions	contributing to death but n	not resulting in the	underlying	ceuse given in i	Part I. 24a. WAS A PERFC	N AUTOPSY ORMED? 2 WO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1		ACE OF DEATH (Che	ck only one)			
YSI	1 X YES 2 NO	□ Inpetient 2 ER/Outpetier		IER: Nursing Home	5 - Residence	8 Other (Specify)			
	27. MÄNNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF	RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
BY	2 Accident Investigation	SEC DI ACE OF IN HURY	<u> </u>		ES 2 NO		<del>_</del>		
TED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, tarm, atreet, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, tarm, atreet, factory, office City or Town, State) 28s. PLACE OF INJURY — At home, tarm, atreet, factory, office City or Town, State)							Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:	AN: To the best of my knowledge On the besis of examination and	e, death occurred at ti	ne time, data i	and place, and due the total	to the cause(a) and mi	anner se stated.	suse(s) and manner as ateted,	
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	. 0 3	A 1		29c. LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)	
5	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	KAM	PIC	1001	- /	1-11-92	
	OCT 16 '92 July	32 REGISTRAR'S EGNATUR LA DAM OSON - Nonces	De.						

BALTIMORE, MARYLAND 21215-0020  SCHOOL IN law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the Staty Dept. or health and Mental Hygiene prior to burial, cremation, or removal.  **A parties**  **A p	
DIVISION OF WALL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PROSONE. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this Comparison as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trans be filled within 72 hours after death with the Staty Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.  IMPORTANT: It item 28 is marked, out-them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

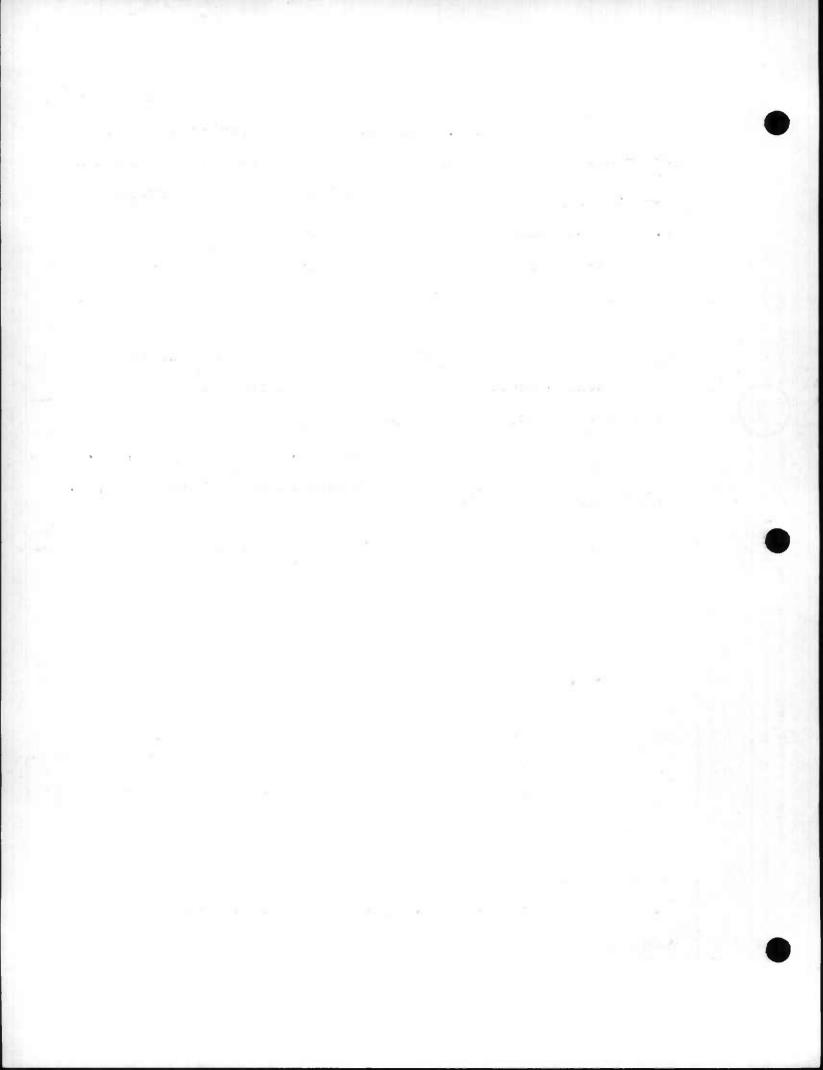
	FOR	STATE OF MA	ARVI AND	DEDAD	TMENT OF	HEALTH AND	BECRITAL	LIVOIEN		3352		
	1 - STATE REGISTRAR	OTATE OF IM	C	ERTIF	CATE O	F DEATH	MENTAL	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	V V	3. TIME OF DE	ATH	
		BUCA					11	17	9	2 823	Рм	
	4. SOCIAL SECURITY NUMBER 32309-3212	1 🗆 M 2 💢 F	78	YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Month	OF BIRTH 1, Dey, Year) 12-191		BIRTHPLACE (State or Country) Illonois	Foreign	
OR	90. FACILITY NAME (If not institution, give s North Arundel Hos					or Location of			9c. COUNTY	Anne Arun	del	
EG	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	r		10c CITY	, TOWN OR LOC	ATION						
L DIRECTOR	Maryland Anne	Arundel			Ser	verna Pa	rk			10d, INSIDE CI LIMITS? 1 TES 2	) NO	
FUNERAL	5 Westerly Way					2114	5			S.A.	7	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAY	YES 2 X	MED NO	If yea, i	ECENDENT OF HISP specify Cuban, Maxi S ZX NO Spec	can, Puerto R	? (Specify Yea licen, atc.)		RACE — American in Black, White, atc. Specify: aucasian	dian,	
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S U	USUAL OCCUPAT	TION	16b.	KIND OF BUS				
COMPLETED	Elementary/Secondary (0-12) 12+	College (1-4 or 5+)			ork done during in retired.)	cal Ther	apist	Hea	1th			
SO	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N						
BE	Theodore S. Bud	ca						awlik				
5	19a. INFORMANT'S NAME (Type/Print)  Mrs. Ruth Latime:	r	19			and Number or Rure						
	20e. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rame	ANDDATEO	Westerly Way Severna Park, MD 21146  ATE OF DISPOSITION (Neme of OATE 20c. LOCATION — City or Town, State									
	4 Donation 5 Other (Specify)		Ress	metory or off urect	ection Cemetery 11-17 Justice, Illo							
	21. SIGNATURE OF FUNERAL SERVICE LIC	A SIL	ams	2	22. NAME AND A GORESS OF FACILITY Barranco & Sons 1							
anock, or heart failure. List only one cause on each line.								1- 100 211	AC			
	MMEDIATE CAUSE (Finei	Last only one cause	on each line		ot enter the m	ode of dying, su	ch as card	lec or reepli	atory arrest	Approxisions of the second of	neta Batween	
ERTIFICATION	MIEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (O)  DUE TO (O)  DUE TO (O)  DUE TO (O)	TAS A CONSECUTION OF AS A	DUENCE OF	twich  i  v r E  i  n 7 My	ode of dying, su	SOCI	lec or reepli	atory arrest	, Approxi	neta Batween	
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (O  DUE TO (O  ACH	R AS A CONSECULAR AS A CONSE	DUENCE OF	twich	DIS	SOCI	A-71 0	atory arrest	Approxition interval onset at 1/z /	Ays	
-	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (O  DUE TO (O  ACH	R AS A CONSECULAR AS A CONSE	DUENCE OF	twich	DIS	SOCI	lec or reepli	AUTOPSY MEO?	, Approxi	AYS  FINDINGS R TO CAUSE	
-	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions  SLR BRANDERLYING  DETTY DATE  25. WAS CASE REFERRED TO MEDICAL	DUE TO (O)  DUE TO (O)  DUE TO (O)  DUE TO (O)  A CHU  CONTRACT  C	R AS A CONSECULAR AS A CONSE	DUENCE OF A DUENCE	twich  twich  twich  Syn  the underlyin	DIS	SOCI	A-77 0)  24a. WAS AN PERFORM 1 □ YES 2	AUTOPSY MEO?	Approxition interval of the control	AYS  FINDINGS R TO CAUSE	
-	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death)  PART II. Other significant conditions  SIR BRATANO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 212 NO	DUE TO (O  DUE TO (O  ACH	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	DUENCE OF A DUENCE	twich	Dis	SOCI	24e. WAS AN PERFORM	AUTOPSY MEO?	Approxition interval of the control	AYS  FINDINGS R TO CAUSE	
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death)  PART II. Other significant conditions  SLR BRATATO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (O  DUE TO (O  DUE TO (O  ACH  CO  CO  CO  CO  CO  CO  CO  CO  CO	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	DUENCE OF A DUENCE	ot enter the m	DISONO MARIE SERVICE OF DEATH (Come 5   Residence DURY AT ORK?	SOCI	24e. WAS AN PERFORM	NUTOPSY WEO?	Approxitinterval onset as 1/z / Conset as 1/z	AYS  FINDINGS R TO CAUSE	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death)  PART II. Other significant conditions  S. P. A. A. D. D. A. D.	DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  A CHI  C C C C C C C C C C C C C C C C C C C	R AS A CONSECULAR AS A CONSECU	DUENCE OF DUENCE	ot enter the m	Discourse given in the second of dying, and the second of dying, and the second of the	SOCI	24e. WAS AN PERFORM 1 YES 2 (Specify) CRIBE HOW IN	NUTOPSY MEO? NO	24b. WERE AUTOPSY AWALABLE PRIO COMPLETION DF OF DEATH?  1 YES 2	AYS  FINDINGS R TO CAUSE	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions  S. P. B. AT A.  DETTY M. ATT D.  25. WAS CASE REFERRED TO MEOICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DUE TO (O  DUE TO (O  DUE TO (O  ACH  CO  CO  CO  CO  CO  CO  CO  CO  CO	R AS A CONSECULAR AS A CONSECU	DUENCE OF DUENCE	ot enter the m	Discourse given in the second of dying, and the second of dying, and the second of the	SOCI  A COLOR  Part i.  B Other  28d. DESC	24e. WAS AN PERFORM 1 YES 2 (Specify) CRIBE HOW IN	NUTOPSY MEO? NO	Approxitinterval onset as 1/z / Conset as 1/z	AYS  FINDINGS R TO CAUSE	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death)  PART II. Other significant conditions  S P PART II. Other significant conditions  S P PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only)	DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  A CHI  C C C C C C C C C C C C C C C C C C C	R AS A CONSECT FRAS A	DUENCE OF DUENCE	ot enter the m	DISCOME 5 Residence JURY AT VES 2 NO ca a and plece, and du	SOCI  AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (    AS (    AS (     AS (      AS (      AS (      AS (        AS (	24a. WAS AN / PERFORI 1 YES 2 / (Specify)  CRIBE HOW IN State)	JURY OCCUR	Approxition interval of the control	AYS FINDINGS R TO CAUSE NO	
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death)  PART II. Other significant conditions  S P PART II. Other significant conditions  S P PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only)	DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  ACHU  CO AC  DUE TO (O  ACHU  CO AC  DUE TO (O  ACHU  CO AC  DUE TO (O  DUE TO (O  ACHU  CO AC  DUE TO (O  DUE TO (O  DUE TO (O  ACHU  CO AC  DUE TO (O  D	R AS A CONSECT FRAS A	DUENCE OF DUENCE	ot enter the m	DISCOME 5 Residence JURY AT VES 2 NO ca a and plece, and du	SOCI  AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (    AS (    AS (    AS (     AS (     AS (      AS (      AS (       AS (	24a. WAS AN / PERFORI 1 YES 2 / (Specify)  CRIBE HOW IN State)	JURY OCCUR	Approxite Interval Onset as 1/Z / On	TYS FINDINGS R TO CAUSE NO	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  299. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  A CHL  COMPANIENT OF IN  (Month, Day,  28a. PLACE OF In building, atc.	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	DUENCE OF A DUENCE	ot enter the m	Discondence of dying, au  Discondence  Discondence  Discondence  DIRY AT  ORK?  YES 2 NO  ca  a and plece, and du  death occurred at th	SOCI  AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (   AS (    AS (    AS (    AS (     AS (     AS (      AS (      AS (       AS (	24a. WAS AN / PERFORI 1 YES 2 / (Specify)  CRIBE HOW IN State)	JURY OCCUR	Approxite Interval of Onset as 1/2 /	TYS FINDINGS R TO CAUSE NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions  S P B AT A T  DETY AT A T  25. WAS CASE REFERRED TO MEOICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINER	DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  CO  ACHU  B CONTRIBUTING TO (O  CO  CO  ACHU  B CONTRIBUTING TO (O  CO  CO  CO  CO  CO  CO  CO  CO  CO	R AS A CONSECT FOR AS A	DOA  28b. TIME INJU  ma, farm, sti  27) (7)00, F	ot enter the m  AN C A  File  CAP  CAP  CAP  CAP  CAP  CAP  CAP  CA	DISCOME STATE OF DEATH (Come 5   Residence JURY AT ORK? YES 2   NO ca a and plece, and du death occured at the 29c. LICENSE NU.	AS OCI	24a. WAS AN / PERFORI 1 YES 2  (Specify)  CRIBE HOW IN TION (Street air Town, State)	JURY OCCUR  Nor as stated, due to the ca	Approxite Interval of Onset as 1/2 /	TYS FINDINGS R TO CAUSE NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pisease or Injury that initiated eventa resulting in death)  PART II. Other significant conditions  S. P. AT AT DELY MATERIAL PROPERTY IN THE PROPER	DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O  ACH  DUE TO (O  ACH  B contributing to de  Completent 2 = E  28a. DATE OF IN  (Month, Day,  28a. PLACE OF I  building, sto  COMPLETED CAUSE  EN, 7706  32. REGISTRAPI'S	R AS A CONSECT OF DEATH PARTY SEAL OF DEATH PA	DOA 28b. TIME INJU ma, ferm, still atthough the occurred investigation.	ot enter the m	Discondence of dying, au  Discondence  Discondence  Discondence  DIRY AT  ORK?  YES 2 NO  ca  a and plece, and du  death occurred at th	AS OCI	24a. WAS AN / PERFORI 1 YES 2  (Specify)  CRIBE HOW IN TION (Street air Town, State)	JURY OCCUR  Nor as stated, due to the ca	Approxite Interval of Onset as 1/2 /	TYS FINDINGS R TO CAUSE NO	

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E	ate 1	Late	Eem	ŀ
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, part 51	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not	ĺ
	2	2	2	Ξ	ĺ

FOR STATE REGISTRAR		STATE OF M	ARYLAND C	DEPAR	TMENT	OF H	EALTH AND I	MENTA	L HYGIEN	94	? - !	33525
1. DECEDENT'S NAME (First, M	1. DECEDENT'S NAME (First, Middle, Last)  Robert L. Be							2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH				3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 227-38-617	1	SEX	6. AGE (In yrs. Is 61	est birthday) YRS.	# UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH	1	V1	PLACE (State or Foreign
9a. FACILITY NAME (If not instit		and number)		9b. CITY, TOWN OR LOCATION OF DEAT Salisbury						Wico		
	Wicon	nico		10c. CITY, TOWN OR LOCATION Salisbury								10d. INSIDE CITY LIMITS? VES 2 \( \square\) NO
104. STREET AND NUMBER	Rt- Box 765						ZIP CODE 21801			10g. CITIZ		VHAT COUNTRY?
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 NI IF YES, GIVE WAR OR DATES					f yes, spe	ENDENT OF HISPAN Helfy Cuban, Mexica 2 NO Specifi	n, Puerto		or No—		E — American Indian, k, White stc. hy: Black
15. DECED (Specify only h	(Specify only highest grade completed) (G				USUAL OF work done of se retired.)	CCUPATIO	N at of working		Campbe			p
n l	il Be	ckett					18. MOTHER'S NA Ber	ME (Flost,	Middle, Maiden Ames	Surname)		
19a. INFORMANT'S NAME (Type Eula Mae	19a. INFORMANT'S NAME (Type/Print) Eula Mae Beckett  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt-2 Box 765											
26a. METHOD OF DISPOSITION  1					hart	me of cent	cem.			cation — c		
21. SIGNATURE OF FUNERAL S	C. //	share.	Pan.				on Fun		L Home	e-Acc	oma	ac, Va.
23. PART I. Enter the diseason, or head IMMEDIATE CAUSE (Fined disease or condition resulting in death)	rt failure. List	only one caus		la.			da of dying, auc			ratory arre	est,	Approximate interval Between Onset and Death
If any, leading to immedia cause. Enter UNDERLYING	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other aignificent	PERFORMED?  1 YES 2 NO  PERFORMED?  NAULABL COMPLET  OF DEAT								WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO EXAMINER?	Н	OSPITAL:			ОТНЕ	R:	ACE OF DEATH (Ch					
1   YES 2   NO  27. MANNER OF DEATH  1   Natural 6   Pe 2   Accident   Im		28a. DATE OF (Month, Da	INJURY ly, Year)	28b. TII	ME OF JURY M	28c. INJ W0 1 🔲 '	RK? res 2 No	28d, Di	EŞCRIBE NOW I			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At he building, atc. (Specify)								CATION (Street of the control of the	(10N (Street and Number or Rural Route Number, Town, State)		
000)							and place, and due eath occured at the					s) and manner as stated.
296. SIGNATURE AND TITLE O	000	٥,		29c. LICENSE NUMBER DZGGZ					29d. DATE SIGNED (Month, Day, Year)			
M. 8. Cr	such	Sult ?	OF DEATH (IT	EM 27) (Typ	e, Print)	Cto.	, Selab	any '	MO 21	bei		
31. DATE FILED (Month, Day, Ye	1992	Julia Da	Suite of 16 to Pie Bluft, Soliday on 2,801  32 MEGISTHAN'S SIGNATURE  Julia Davidson-Randelle									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

retained by the hospital or attending physician.	and of the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be purial, cremation, or remoral.	totified at once.
that the death conflicate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and by the attending physician and completely filled in by the funeral director, pag	of any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN, THE BW MODING	TO THE FUNERAL DIRECTOR: After this certifice nutility has after death with the Smith of His	ed, or item see

	FOR STATE REGISTRAR	TATE OF MARYLAND		TMENT OF I		MENTAL HYGIEN				
	1. OECEOENT'S NAME (First, Middle, Last)  EDWARD G . E					2. DATE OF OEATH		YEAR 2 11.00 A M		
	4. SOCIAL SECURITY NUMBER 5.	9EX 6. AGE (In yrs. 73	last birthday)YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-19-19	BHITHPLACE (State or Foreign Country) MT . VERNO MARYLAND			
OR	9e. FACILITY NAME (If not institution, give street 1100 WOODLAND RO				ISBURY	EATH		COMICO		
DIRECTOR	10e. STATE 10b. COUNTY  MARYLAND WICOM	(TCO		, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
FUNERAL (	100. STREET AND NUMBER  1100 WOODLAND F		TONE		21801			EN OF WHAT COUNTRY?		
BY		WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 [ IF YES, GIVE WAR OR DATES		If yes, s	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition)  Elementary/Secondary (0-12)  C. 1	pleted) ollege (1-4 or 5+)	(Give kind of w life. Do NOT us	usual occupation of during me retired.) SERVI	ON OSE of working  CE MGR.	POCOH				
	17. FATHER'S NAME (First, Middle, Last) WILLI	AM JAMES B	N 19 20	ME (First, Middle, Maider GIA VIRG		MIIRRAY				
TO BE	19a. INFORMANT'S NAME (Type/Print) EDWARD G. BOUNDS			ADDRESS (Street	and Number or Rural	Route Number, City or Tov	vn, State, Zip C	Code)		
	20a. METHOD OF DISPOSITION  1 Deurlel 2 Commetton 3 Removal  4 Donation 5 Other (Specify)	from State of cemet	ary, crematory	or disposition or other place)	erv	111-7 SA		URY, MD.		
	21, SIGNATURE OF FUNERAL SERVICE LICENS	Toruna !	1		ND ADDRESS OF FA			E. MAIN ST.		
23. PART I. Enter the diseases, or complicatione that ceused the desth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one ceuse on each line.								Approximate Interval Between Onset and Desth		
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions of Hype	24b. WERE AUTOPSY FINDINGS AVABLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 JM9								
MAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	heak only one)				
IVSIC		OSPITAL: Inpatient 2 ER/Outpatient	-			8 Other (Specify)				
ВУ РР	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCL	JHEU		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, (	street, fectory, offi	ce	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	torroom only	t: To the best of my knowledge						od. • cause(e) and manner as stated.		
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER	Chiffel mi	0		29c, LICENSE NU	969	<b>&gt;</b> /	SIGNED (Month, Dey. Year) 1/- 5-92		
	36. NAME AND ADDRESS OF PERSON WHO CO	CLIFEGRO ML	Jo	TE 12	MEDICAL (	CENTER	SALISA	over, MD 21861		
12	NOV 06 1992	Julia Dasidon		2,						

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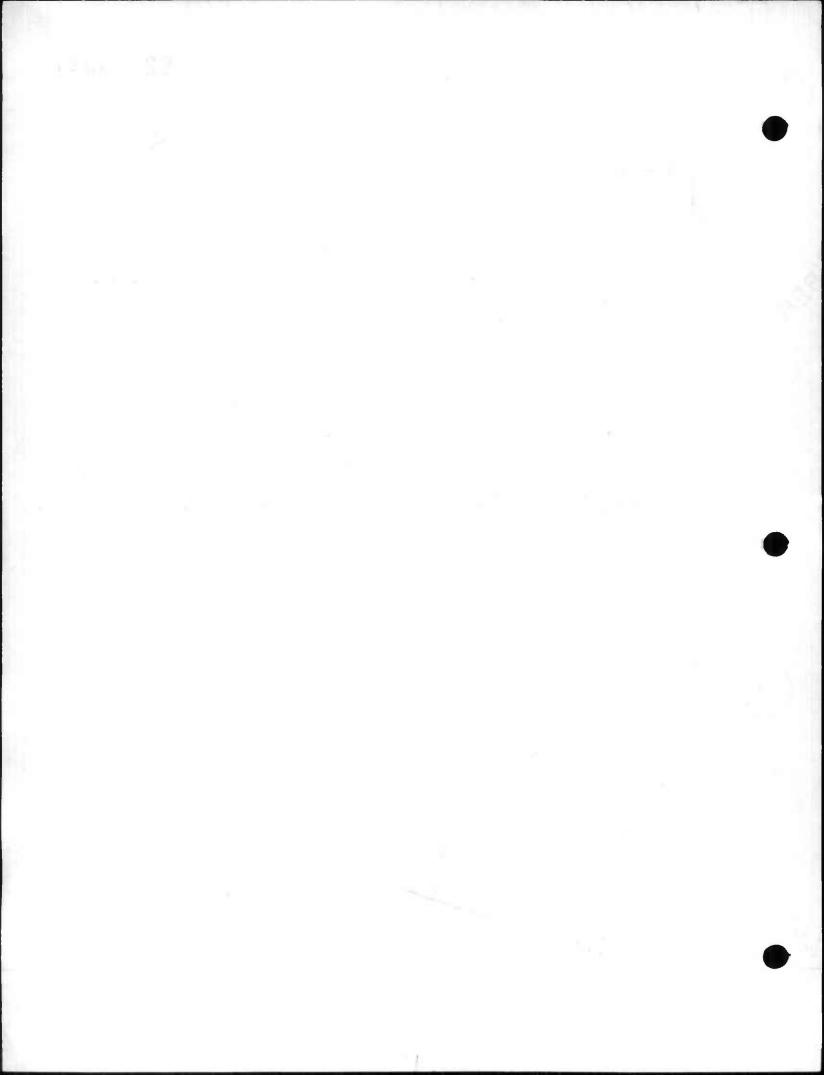
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	HEALTH AND I	MENTAL HYGIEI				
		1. DECEDENT'S NAME (First, Middle, Last)		3. TIME OF DEATH							
		VERNON L.			BEN	JETT	JOVEN BG	. 45	196 0211 M		
-		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)		
꼬		217-30-9192		7 YRS.	WORTHS CAN'S	moons am.	4-17-19:	~ =	faryland		
3 should	~	Se. FACILITY NAME (If not institution, give e	,			OR LOCATION OF DE	EATH	9c. COUNTY			
۲۵	DIRECTOR	PENINSULA REGION	AL MEDICAL CI	ENTER	SALI	SBURY		MI	COMICO		
ges 1	E C	10e. STATE 10b. COUNT	4	10c. C/1	Y, TOWN OR LOCAT	TION			10d, INSIDE CITY		
permit. Pages		Md. Wice	omico	Sa	lisbury	V			LIMITS?		
E-ed	MAL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
-0020 Ing physician. the burial-transit	FUNER	2707 01d Ocean				21801			S.A.		
020 physician burial-tra	5	11. MARITAL STATUS  1 Never Married 2 XMarried	12. WAS DECEDENT EVER IN FORCES?	2 NO	If yes, sp	ectly Cuben, Mexica	HC ORIGIN? (Specify Yon, Puerto Rican, etc.)	ns or No- 14	RACE — American Indian, Black, White, etc.		
- Pe g	B	3 Widowed 4 Divorced	1956-60 Ai		1 TES	2 KNO Specify	<i>r</i> :		Specify: White		
1215-0 r attending use as the		15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BI	USINESS/INDUS			
12 P 0 P		Elementary/Secondary (0-12)	College (1-4 or 5 +)	Itte. Do NOT u	work done during mo use retired.)	ist or working					
AND the hospital detached to once.	COMPL	12		Self E	mployee	_		Serv	ice		
YLAN by the hor be detach at once.	_	17. FATHER'S NAME (First, Middle, Last)		ennett			. MOTHER'S NAME (First, Middle, Maiden Surname)				
A bed by	BE	John Edward I	sennett	105 44 4 11 101/	10000000		othy Sma				
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	2	Sally G. Benne	2++	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Ste t Same as 10.				wn, State, Zip Co	ode)		
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be n		20s. METHOD OF DISPOSITION	20b	. PLACE AND DATE	OF DISPOSITION (No		DATE 29c, L	OCATION — CIT	y or Town, State		
BALTIMORE, or death. Page 6 may be the funeral director, page wal.		1 St Burial 2 Cremation 3 Rem 4 Donation 5 Pother (Specify)	oval from State	petery, crematory or COLCOMICO	Mem. F	Park	11/18 S				
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE LIC		0		ND ADDRESS OF FA		allob.	1 100		
		Deruld.	1 / Dun	2	Bound	s Fune	ral Home	. Sa1	isbury, Md.		
y, P.O. BOX 68760,  eath certificate be executed within 24 hours after attending physician and completely filled in by the first Hyglene prior to burial, cremation, or removal y, or other traumatic event, the medical	RTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A DUE TO OR AS A	A CONSEQUENCE O	ento	no - C	and	تيہ ٤	Onset and Death		
, P.O. eath certific attending plus Hygiene 7, or other	CER	resulting in death) LAST	d								
PECORD Per med by the service of th	PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to death b	out not resulting	in the underlyin	g cause given in	Part I. 24a. WAS A PERFC 1 TYES	DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AL has Dep	IAN	25. WAS CASE REFERRED TO MEDICAL		<del></del>	26. PI	LACE OF DEATH (Ch	eck only one)				
F VITAL SICIAN: The law certificate has the State Dept. i, or item -23	Sic	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:	ne 5 🗆 Residence					
OF V PHYSICIA this certif with the feed, or		27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Till	E OF 28c. IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED		
NG PHYS fler this c eath with marked,	BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
ISIC TTENDI TTOR: A after d	ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, cify)	street, factory, offic	•	28f. LOCATION (Street City or Town, State	t and Number or a)	Rural Route Number,		
Olen Dien	COMPLET		ICIAN: To the best of my know						euse(e) and manner ee stated.		
HOSPITAL FUNERAL Within 72 I	8	29b. SIGNATURE AND TITLE OF CERTIFIE									
본 본 을 중	8	(m	K W	Lea	NO	D25	209	29d. DATE S	IGNED (Month, Day, Year)		
₽₽8₩	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	a, Print)	020	/	12	115196		
		JUHN MCLEHA	560 Disq.		_	203414	/ m n 1	1861			
1+	7	31. DATE FILED (MONTE) DON: 1992	2. REGISTBAR'S SIGN			, -, -	<u> </u>	1			



BALTIMORE, MARYLAND 21215-0020	urs after death. Page I may be principle by the houping or attending physicis	In by the funeral director papers enough be outsided for use as the burial-tr r removal.	redical examiner must de notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page   may be from the form of the fo	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director parts are unlarged for use as the burial-tree fine within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE		TMENT OF			MENTAL	HYGIEN REG. NO	E	J [	0000	
	1. DECEDENT'S NAME (First, Middle, Las	it)						2. DATE O	F DEATH	AV	YEAR	3. TIME OF DEATH	
- 8	Stuart Re	ed Brow	/n					Nov. 16 1992 3:00 a					М
	4. SOCIAL SECURITY NUMBER					IF UNDER		7. DATE O	F BIRTH Day, Year)	13.2	a. BIRTI	HPLACE (State or Foreign	n
	138-22-6472	1 🖳 M 2 🗆 F	M 2 G F 95 YRS. MONTHS DAYS HOURS M				MIN.		il 23,	1897		wa	
	Sa. FACILITY NAME (If not institution, giv			-	9b. CITY, TOWN		N OF DE			9c. COL	INTY OF C	DEATH	
TOR	3C Maple Villa		Ave.		Greens	boro				Ca	aroli	ne	
[ [	10e, STATE 10b, COU			10c, CIT	Y, TOWN OR LOC	ATION						10d, INSIDE CITY	
DIRECTOR	MD Ca	rolinė		Gr	eensbor	<b>°</b> O						YES 2 NO	
FUNERAL	3C, Maple Av	3C, Maple Ave. 101. ZIP CODE 21639									S A	WHAT COUNTRY?	
P. I						CENDENT Of				e or No—	14. RAC Blan	CE — American Indian, ck, White, etc.	
ВУ	3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WARF OR DATES 1 ☐ YES 2 ☑ NO Specify:						y:			Spec	White		
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								SINESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)								
MP	10th		De	ntal	Techni						I Se	rvice	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NA	ME (First, M	iddle, Maiden	Surneme)			
BE	Harry L. Bro	wn								rake Brown			
196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip of 1264 Ft. Washington Ave. Apt. #26 Ft.								ip Code)	aladia latana - T	D.A.			
۴	Phyllis Fricker		13	204	rt. wasi	ingto	)II A	ive. /	Apt. #	20 F	LWas	snington,	A
	20a METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 R	amoval from State			E OF DISPOSITIO	N (Name		DATE	20c. LC	CATION -	- City or T	Town, State	
	4 Donation 6 Other (Specify)	amovar from date			emetery			11-2	O Ros	slyn.	Per	nn.	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME	and address	S OF FA	OIL PTM		-			
_ 8	DA111	A.	. >										
-	23 PART I Enter the diseases	or complications to	at caused the de	eth Do	not enter the m	Box	16	O Gre	ensh	oro.	MD	21639 Approximate	
	ahock, or heart fallure. List only one cause on each line.										veen		
	IMMEDIATE CAUSE (Finel											Onset and D	agth
	recuiting in death)											3 000	8
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentielly list conditions, b. DUE TO (OR AS A CONSEQUENCE OF												
Ĕ	If any, leading to immediate												
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C	100 40 4 00MPF	WENGE (	V								
CERTIFICATION	that initisted events resulting in death) LAST	DUE 10	OR AS A CONSEC	JUENCE (	JF):								
8	d.												
- 1	PART II. Other aignificant condit	tions contributing to	death but not r	esuiting	in the underly	na csuse a	iven in	Part I.	24a, WAS A	N AUTOPS	24	4b. WERE AUTOPSY FINDI	INGS
MEDICAL										RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS	SE
								_	1 TYES	2   NO		OF DEATH?	
ž								_				1 TYES 2 NO	
ÿ													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D	EATH (C	heck only one	9)				
YS.	1 TYES 2 NO		☐ ER/Outpatient 3		4 - Nursing He	ome 6 🗆 Re	sidence	_					
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. Ti	IJURY \	NJURY AT VORK? YES 2	I NO	28d. DE\$	CRIBE HOW	INJURY O	CCURED		
BY	2 Accident Investigation		OF INJURY — At ho	me form				201 1 000	TION (Street	and Numb	ner or Rum	al Route Number,	
ED	3 Suicide 6 Could not 4 Homicide determined	De building	, etc. (Specify)		,,,				or Town, State		07 07 71070	Troots Horrow,	
H										-			
1PL	(Critical Orliny	IYSICIAN: To the best of											
COMPLET	2 MEDICAL EXAM	IINER: On the basic of	examination end/or	Investigat	lon, in my opinion	, death occur	red at the	e time, date	and place, e	end due to	the cause	e(e) end manner ee state	rd.
296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER								29d, D/	CTE SIGNE	ED gleoner, Day Mean			
8	1/nto				Mi	)				-	11	117/92	_
2	30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	USE OF DEATH STE	1 27) (Tve	ne, Print)						_	41	

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Morith, Day, Year) 92

3. TIME OF DEATH 12:30 AM

10d. INSIDE CITY 1 YES 2 NO

14. RACE — American Indien, Black, While, etc.

White

Approximata

MIN

24b. WERE AUTOPSY FINDINGS AMAIL ARK F PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 4-NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month) Day, You

11

16

284. DESCRIBE NOW INJURY OCCURED

interval Between **Onset and Death** 

NS

8. BIRTNPLACE (State or Foreign Couptry) Va

9c. COUNTY OF DEATN

Frederick

2. DATE OF DEATH NOV. 14, 1992

7. DATE OF BIRTH May 1, 1910

FOR STATE REGISTRAR

BY FUNERAL DIRECTOR

COMPLETED

2

Ħ H notified

must

examiner

medical

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

234 24 4777A

RESIDENCE OF DECEDENT

EDWARD L BISHOP

Frederick Memorial Hospital

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 M 2 F

traumatic event, the other 6 DIVISION OF VITAL HOSPITAL OR ATTENDING PHYSICIAN this certifical Ħ is marked, DIRECTOR: After the hours after death we item 28 is mark TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

TO THE HOSPITA TO THE FUNERA De filed within 7.

CERTIFICA
MEDICAL
BY PHYSICIAN: 1
BY
LETED
COMPI

B

2

27. MANNER OF DEATH

5 Pending Investigation

e Could not be

29b. SIGNATURE AND TITLE OF CERTIFIER

'92

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

NOV 1 6

2 MEDICAL EXAMINER: On the

1 Natural

2 Accident

3 Suicide

29e, CERTIFIER

4 Homicide

Maryland	Howa:	řd		10c. CITY, TOWN OR LOCATION  Blicott City						
100. STREET AND NUMB						Of. ZIP CODE			1 YES 2 COUNTRY?	
842 Horse	shoe R	oad				21043	Ψ.:	S.A.		
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 C	01 Hb	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	S 2 1		If yes, s	ECENDENT OF NISPANIC OR specify Cuban, Mexicen, Pue S 2 NO Specify:		14. RACE — America Black, While, etc Specify: Wh:		
	ECEDENT'S EDI only highest grad		/G	CEDENT'S USI live kind of work Do NOT use re	done during n	TION nost of working	16b. KIND OF BUSINES	SS/INDUSTF	łY	
Elementary/Secondary (0-12) College (1-4 or 5+)				elder	iarwa.)					
17. FATHER'S NAME (First Charles						18. MOTHER'S NAME (FI	The second second second	eme)		
190. INFORMANT'S NAM Mrs Ola C		р				e Road Elli	Number, City or Town, Sta			
20a, METNOD OF DISPO 1 Buriel 2 Crem 4 Donation 8 0	etion 3 🗆 Ren		of cemetary	ANO OATE OF	other place)	1			or Town, State	
21. SIGNATURE OF FUNE		Witzh	( u	120)		AND ADDRESS OF FACILITY H WITZKE I				
23. PART I. Enter the shock, o IMMEDIATE CAUSE	r'heart fellure.	complicetions that cause on	sed the de sech line	eeth. Do not	enter the n	node of dying, such as	cardiec or respirato	ry srrest,	Approxii interval Onset a	
disease or condition resulting in death)		a	SCHE	eral &		14				
		DUE TO (OR A	s a conse	OUENCE OF):	al es	schoais death			win	
Sequentially list con if any, leading to im cause. Enter UNDER	mediete LYING	DUE TO (OR A	S A CONSE	OUENCE OF):						
CAUSE (Disease or that initiated events resulting in deeth) L		DUE TO (OR A	S A CONSE	OUENCE OF):						
PART II. Other algori	licant condition	na contributing to deati	but not	resulting in 1	the underly	ing cause given in Part	I. 24s. WAS AN AUT PERFORMED 1 YES 2	07	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?	
									1 TYES 2 4	
25. WAS CASE REFERRE EXAMINER?	D TO MEDICAL	HOSPITAL:			26.	PLACE OF OEATH (Check on	ily one)			
1 - YES 2 NO		1 Inpatient 2 ER/O	ulpatient :	DOA 4		ome 5 Residence 8 T	Other (Specify)			

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

RJE

APLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

whia Davidson-Randall

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.

28e. DATE OF INJURY (Month, Day, Year)

4801

32 REGISTRAR'S SIGNATURE

6. AGE (In yrs. last birthday)

YRS

82

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

Frederick

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATN

28c. INJURY AT

1 YES 2 NO

29c. LICENSE NUMBER

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director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

filled in by the funeral

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DIVISION OF VITAL RECORDS B.O.	Ŧ	76.5
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Implies III	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the strate be filed within 72 hours after death with the State Deg. or Health and
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	F	F 5

STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR GREGORY BRYANT 1992 **BROWN** 11 20 7:35 AM 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS MAR 12 DAVE 279-84-8939 1 😾 M 2 🗌 F 1970 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BIGGS HIGHWAY RISING SUN CECIL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CECIL RISING SUN 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2295 BIGGS HIGHWAY 21911 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES XIX NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES TELLINO XX Never Married 2 Married BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 12 HEAVY EQUIP. OPERATOR CONSTRUCTION notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) R. PAUL BROWN GRACIE BRYANT BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) 0 M/M R. PAUL BROWN 2295 BIGGS HWY RISING SUN. MD 21911 be 20a. METHOD OF DISPOSITION

X X Burtal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must NOTTINGHAM CEM 11+23-92 COLORA, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
R.T. FOARD FUNERAL HOME J schore del s. QUEEN ST., RIISNG SUN, MD 21911 medicai 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final **Onset and Desth** the disease or condition resulting in death) 108 AS CONSEQUENCE OF traumatic event, DUE TO (08 MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 YES 2 NO PHYSICIAN: 23 F 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA e 5 - Residence & Syother (Specify) PUBLIC ROADWAY ö 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending investigation 1 YES 2 JUNO B Accident
Suicide 1/20/1992 7:20AM DRIVER IN AUTO/TRUCK IMPACT 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 60 201. LOCATION STORE and Number of August Pours Auguston COMPLETED 5 Could not be item 28 4 Homicide PUBLIC ROADWAY RISING SUN. MARYLAND 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 TAMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THU OF CERTIFIER 204 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE huge mo O.C.M.E. 11/20/1992 2 30. NAME AND ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DENNIS J. CHUTE, MD 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE W/W 24'92 Davidson-Randell DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		Pages 1
		permit.
BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	My filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law request the managed of the presence within 24 hours after death. Page 6 may be retained by the hosp TO THE RUNERAL DIRECTION. After this certification are presented and completely filled in by the tuneral director, page 5 should be detached filled within 72 hours after death with the Same Deat, or team and interpretation of the model.

IMPORTANT: If Item 28 is marked, or them 23 hours any injury, or other traumatic event, the medical examiner must be notified at once.

D. BOX 68760, DIVISION OF VITAL RECOR FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
	Charles H	Crew							Nove		r 10	,199	92 8:00am	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	lest birthday)		R 1 YEAR	-	R 24 HRS.	7. DATE OF BI (Month, Day	IRTH			LACE (State or Foreign
	218-18-15	1 X M 2 - F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	7/6/0			Guorniy	MD	
~	9a. FACILITY NAME (If not institution, give street end number)							OR LOCAT					NTY OF DE	
5	112 Washington Ave.					C.	hes	tert	own				Kent	
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c. CI	ry, town	OR LOCA	TION		·				10d, INSIDE CITY
H	MD Kent					Che	ste:	rtow	'n				- 1	LIMITS?
AL.	10e. STREET AND NUMBER				10	H. ZIP COD				10g. CITI	IZEN OF W	HAT COUNTRY?		
E	112 Washi	ingto	n Ave					216	20			. 1	USA	
FUNERAL	11. MARITAL STATUS	upers.	12. WAS DECEDEN	NT EVER IN U.S.		13.	WAS DE	CENDENT	OF HISPAN	IIC ORIGIN? (Sp n, Puerto Rican	ecify Yes		14. RACE	- American Indian, White, etc.
ВУ	1 Never Married 2 3 Divo	Married		MAR OR DATES	Z			S ZX NO			Specify:			
	15. DEC	EDENT'S EDU	CATION	160	DECEDENT	R HEHAL (	Whit					White		
COMPLETED	(Specify onl	y highest grade	College (1-4 or 5		(Give kind of life, Do NOT L	work done	during m	ost of worki	ing	100. Killi	OF BUS	MC99/INL	JUSTRI	
PL	9	7.2)	College (1-4 or 5		arme	er					Farming			
Š	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA	ME (First, Middle	(First, Middle, Meiden Surname)			
BE	Charles H		ew					Ka	tie	VanDy	Middle, Meiden Surname)			
0	19a. INFORMANT'S NAME (7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			19b. MAILIN	G ADDRES	S (Street	and Numbe	r or Rural F	Route Number, Ci	ty or Town	n, State, Zip	Code)	
-	Elizabeth		W			sam	e a	s ab	ove					
	20a. METHOD OF DISPOSIT  Duriel 2 Cremetic  Donation 5 Other		oval from State	cemetery	CEAND DATE	other place	)			OATE			City or Tow	
				- IChes	ster	Cem	ete	ry	11/	13/92	Cł	nest	erto	wn, MD
	M	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE  22. NAME AND ADDRESS OF FACILITY  Fellows-Wells Funeral Home												
	Harry.	12.41	1/ lous			4	13	High	St	. , Ches	ster	ctow	n,MD	21620
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line.  Approximate Interval Between													
	IMMEDIATE CAUSE (Fir	IMEDIATE CAUSE (Final sease or condition )												
H	resulting in death)  a. Juddly death wobable deale													
-	disease or condition resulting in death)  a. Suddly death mobable acute oue to (or as a consequence of):  Myo cardial unfact m  b. Due to one to conditiona,													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):													
3		cause. Enter UNDERLYING												
E	DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
5			d											
	PART ii. Other significe	ent condition	na contributing to	death but no	t reaulting	in the u	nderiyin	g causa	given in	Part i. 24a.		AUTOPSY		WERE AUTOPSY FINDINGS
MEDICAL										_ 1	PERFORMEO?  1 YES 2 NO COMPLETION OF CAUSE OF DEATH?			COMPLETION OF CAUSE
ME	OF BEATH)								1 TES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ	-	LACE OF C	EATH (Ch	eck only one)				
ΥS	1 YES 2 NO		1 Inpetient 2			4 □ Nu	raing Hon		ealdence	6 Other (Spe	cify)			
		Pending	28e. DATE OF (Month, E		28b. TH	JURY	W	JURY AT ORK?	7	26d. DESCRIB	E HOW IP	NJURY OC	CURED	
BY	2 Culate	Investigation	28a, PLACE C	OF INJURY — At	home ferm			YES 2 [	_ NO	281 I OCATION	1 (2)	and Alexander	and Description	N
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)								281. LOCATION City or You	rn, State)	na number	or Hural Ho	ute Number,	
9	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(e) and manner se stated.													
COMPLETED	(Check only one) 2 MEO	ICAL EXAMINE	R: On the basis of a	xemination and/	or investigati	on, in my	opinion, o	e and place death occu	red at the	to the cause(e) time, date and p	end man place, end	ner ee stat d due to th	led. ne cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	0/	1011	0	1	u st	29c. LIC	ENSE NUN	MBER		29d. OAT	E SIGNEO (	Month, Day, Year)
5	The	us fa	ul My	9,100,	Nen	ity /	1. E.	D	100	001		<b>&gt;</b> /	11-1	072
	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE'OF DEATH (I	TEM 27 (Type	o, Pfint)								
	31. DATE FILED (Month, Day,	Year)	32 RECIETO	AR'S SIGNATURE										
12	NT 1 ( '02													
	001 IN JZ		Transpared	m-Rand	00									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

		REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Lest)	R M. CAN	TET			2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
					IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
			The state of the s		ONTHS DAYS	HOURS MM.	(Month Day Year)	Cou	shington DC
pino		Se. FACILITY NAME (If not institution, give street			b. CITY. TOWN	OR LOCATION OF DE		9c. COUNTY OF	
3 should	E	SO. MALY!		SPITAL	0	/		_	CE Beorba
1, 2,	стов	RESIDENCE OF DECEDENT	7703	3/11/0		KINION		77774	N GEORGE
ages	DIRE	Md. 10h, COUNTY	ince George	10c. CITY, 1	inton,	TION			10d. INSIDE CITY LIMITS?
permit. Pages				- 01					1 N YES 2 NO
	RA	9211 Stuart Lane			10	01. ZIP CODE			F WHAT COUNTRY?
-0020 ing physician. the burial-transit	FUNERAL		In the property state to			20735			d States
215-0020 attending physician ise as the burial-tra		1 Never Married 2 Married		2 X NO	If yes, sp	pecify Cuben, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No- 14, 9/	CE — American Indian, ack, White, etc.
1 mg	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗍 YES	S 2 NO Specify:		Sp	•c#y: Black
1215-0 r attending use as the	8	15. DECEDENT'S EDUCAT (Specify only highest grade co.		16a. DECEDENT'S US	SUAL OCCUPATI	ION	16b. KIND OF BUS	SINESS/INDUSTRY	
2 6 2			College (1-4 or 5+)	(Give kind of work life. Do NOT use n		ost or woning			
AND the hospital detached to once.	COMPLET	12		Libra	rıan		Privat	e Indus	try
S de la	8	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden	Sumame)	
E E E	띪	Theodore Carter					ee Sneed		15.
retained 5 should	2	194. INFORMANT'S NAME (Type/Print) Doris E. Carter Br	citt	196. MAILING AD	DDRESS (Street	end Number or Rural R	oute Number, City or Town yattsville	n, State, Zip Code) M.A. 2	0783
IMORE, Page 6 may by al director, page	1 4	20s. METHOD OF DISPOSITION  1A Burlel 2 Cremation 3 Remova	al from State 20b.	PLACE AND DATE OF I efery, crematory or other INCOIN MET	DISPOSITION (N	Constant		CATION — City or	
Page direct		4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIGEN		incoin Mer		ND ADDRESS OF FAC		tland,	Md.
ALTIM death. Page thereal dire thereal dire thereal	1	( ) mV/=	1				Co. Mort	icians,	Inc.
M - 2 10	Щ	3.111. Horde	ra		600	) Kennedy	Street, N	. W.	
hours afte ed in by th or remov		23. PART I. Enter the diseases, or cor shock, or heart failure. Lis	nplications that caused at only one cause on er	I the death. Do not sch ilne.	enter the mo	ode of dylng, such	as cardiac or respi	ratory arrest,	Approximate Interval Between
filled on, o		IMMEDIATE CAUSE (Final disease or condition	1	2.1		1 ./	( )		Onset and Death
within pletely cremati		resulting in death) a	1500	y XIATO	n a	en to	1000		
876 unted w I comp inial, cr			A SA A	CONSEQUENCE OF:		Ama al			
executed and com bunial, matic ex	ERTIFICATION	Sequentially list conditions,	DUE TO OR AS A	CONSEQUENCE OF:	·m	Tracon		-	
Sician Sician Trau	¥	if any, leading to immediate cause. Enter UNDERLYING	C'L.	1/en	do	(a.li	Nov	neul	A
death certificate attending physiental Hygiene print, or other the	Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO TOR AS A	CONSEQUENCE OF):	ANT L	Turn	0000		
F Hydin F	ᇤ	resulting in death) LAST	Dry 0	A d (	7	J	~		
	O	PART II. Other significant conditions of	contributing to death by	ut ant mouttles to	the underdude	in course of the last			The second secon
T # 55 -	EDICAL	VALUE III SUPPLIENT CONSTITUTES (	John locating to death be	ut not resulting in	ine underlyin	ig cause given in i	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ries that signed to lealth ar							1 YES 2	□ NO	OF DEATH?
THE CONTROL OF Heal	Σ						_	1	1 TES 2 NO
Sept P	N N	25. WAS CASE REFERRED TO MEDICAL			24 P	LACE OF DEATH (Che	ot only and		
	PHYSICIAN:	EXAMINER?	OSPITAL:		THER:				
1 4 8 8	Ě	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME C	OF 28c. IN.	ne 5 🗆 Residence (	28d. DESCRIBE HOW II	JURY OCCURED	
		1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO	ORK? YES 2 NO			
ATTENDING STEEL AND STATE OF S	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- Al home, farm, atre	et, factory, offic	ce	28f. LOCATION (Street e	nd Number or Fluri	I Route Number,
S PER	ш	4 Homicide determined	building, etc. (Speci	my)			City or Town, State)		
E POR S	LET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowl	edge, death occurred	at the time date	and place, and due t	n the nevertal and man		
로 글 전 ==	COMPL	(Check only one)  2 MEDICAL EXAMINER:							e(e) and manner on stated.
HOSPI FUNEF within		29b. SIGNATURE AND TITLE OF CERTIFIER	_	1 1	1	29c. LICENSE NUM			
물 물 물 등	띪	1/271	M2h	D AM	111/1	2 PULLICENSE NUM	1530	AND AND SIGN	ED (Month, Day, Year)
222	유	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH-(ITEM 27) (Type, Pri	int)	12-2	3/3	"//	11/20
		LAXMI RE	Aura 7	700 0	D MA	ala/ M	mo P1	( TA. 1	MD 2013
_		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		0 0941	VCA /T	LA CA	MION	1110 2013
		NUV 16 99 9	whia Devident	andelle					

faul Te . .

a shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHISIONS: THE TO THE FUNERAL DIRECTOR: After the field within 72 hours after death with the BEST IN THE SET IN THE

STATE	OF MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		ERTIFICATE	0	F DEAT	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)  JAMES EDMUND	CAIRNS			2. DATE OF DEATH MONTH D.	AV YE	3. TIME OF DEATH		
œ	4. SOCIAL SECURITY NUMBER  021-10-5471  9a. FACILITY NAME (If not institution, give str	7. DATE OF BIRTH (Month, Day, Year)	8, 8	HRTHPLACE (State or Foreign ountry) assachusett:					
AL DIRECTOR	Anne Arundel Me RESIDENCE OF DECEDENT 104. STATE 105. COUNTY Ma S 104. STREET AND NUMBER	uffolk	10c. CJTY, TOW	Annapolis Non Location indale, Ma loc. ZIP CODE	ssachuset	ts	Arundel  10d. INSIDE CITY LIMITS?  1 YES RAHO OF WHAT COUNTRY?		
BY FUNERAL	69 Averton S  11. MARITAL STATUS 1  Never Married 2 Married 3 Widowed 4 Divorced	treet  12. WAS DECEDENT EVER IN U.S FORCES? 1 _ YES 2 IF YES, GIVE WAR OR DATES	NOV	O 2 1  3. WAS DECENDENT OF NISP If yee, specify Cuban, Maxi 1 YES 2 NOV Spe	ANIC ORIGIN? (Specify Yes	or No- 14.	ISA  AACE — American Indian, Black, White, etc.  Specify:  White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16: completed) 16: College (1-4 or 5+)	Give kind of work do life. Do NOT use retire Pizza	ne during most of working 1.)	Plea	sant (	RY		
BE	17. FATHER'S NAME (First, Middle, Lest) William Cair  19a. INFORMANT'S NAME (Type/Print)	ns	Too MAILING ADDO	18. MOTNER'S I	NAME (First, Middle, Maiden UNKNOWN				
2	Bill Cairns	20b. PL	803 Coa	chway Ann	apolis, M		401		
	1 Sturist 2 Cremation 3 Remo Donation 5 Phys (Specify)  21. BIOMATURE OF WINE DAY  A STURY OF THE STURY LICE  A STURY LICE		y, cremetory or other ple unt Calv	ary 1 aylor Fund 147 Duke of annapolis,	FACILITY Pral Chance	1 In	c. reet		
	23. PART I. Enter the/diseases, or control of the c	. Hepatia	e death. Do not en	er the mode of dying, at	uch as cardiac or reap	iratory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	FART II. Other significant conditions  LUNG MUL  COMCE	contributing to death but r	not resulting in the	underlying ceuse given i	Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINOIN COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	отн	26. PLACE OF DEATH (	Check only one)				
BY PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigation	1 Impatient 2 ER/Outpatien 28a, DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?  1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCURE	D		
	3 Sulcide 8 Could not be detarmined	28s. PLACE OF INJURY — i building, atc. (Specify)	At home, farm, street, t	actory, offica	28f. LOCATION (Street a City or Town, State)		iral Route Number,		
IO BE COMPLETED		CAMPLETED CAUSE OF PEARLY	d/or investigation, in m		ne time, data and place, an	d dua to the cau	NED (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year)  NOV 1 9 1992	22. REGISTRAN'S SIGNATURE DAY DOWN	nnen	115 200	121401				

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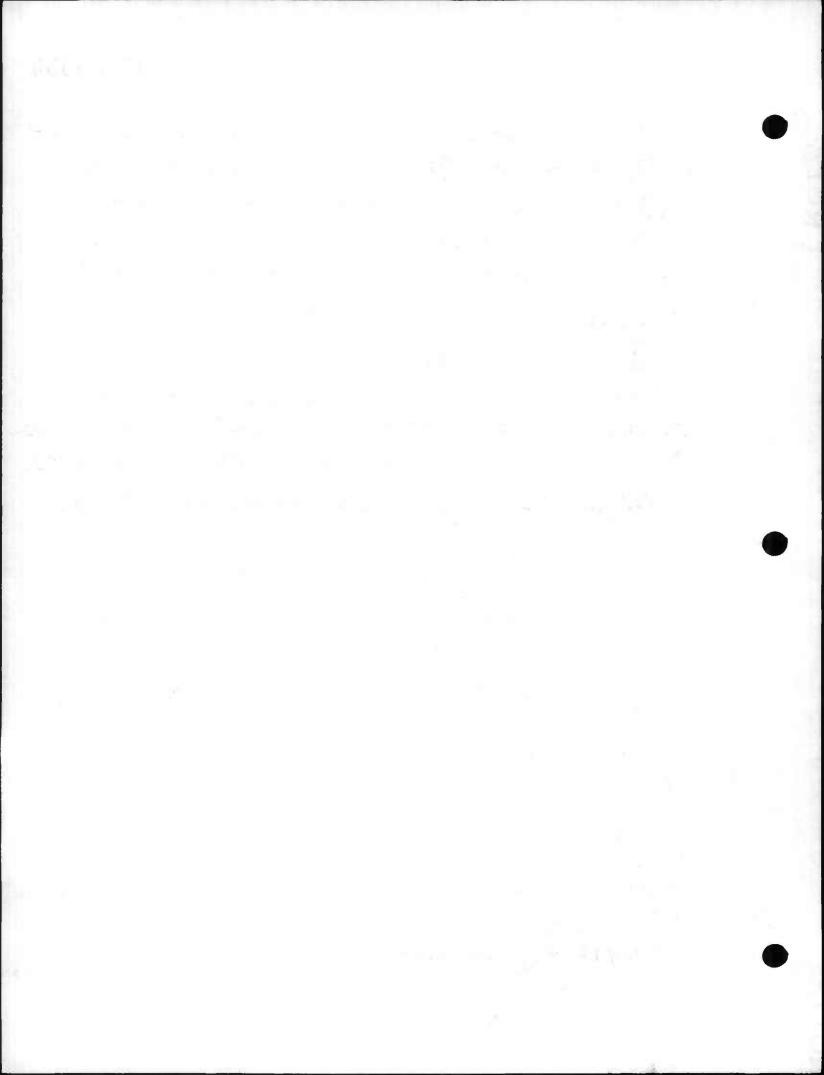
THE PROPERTY OF THE PARTY OF TH

60, BALTIMORE, MARYLAND 21215-0020	MEAN! The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	act make as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	cremation, or removal.	some 22 shound come injury, so other transmitte award the mendions around he modified to another and
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTEND A TRANSPORT THE LAW requires that the death certificate be executed	A Thur this	be filed within 72 hours after the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	UDODIANT IS learn 20 in married and 22 shound continued or other transmitted

							92 33534
		FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND		
Г	8	1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ALE OF DEATH	REG. NO.	3. TIME OF DEATH
		THELMA P	, CATE			MONTH DAY	92 7:15 PM
	q	40 A A	5. SEX		UNDER 1 YEAR F UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	_	Sa, FACILITY NAME (If pot institution, give stre	set and number)	94	c. CITY, TOWN OR LOCATION OF D		DUNTY OF DEATH
FUNERAL DIRECTOR	Ö	RESIDENCE OF DECEDENT	BSPUTC	BALTIMOR	E	NA	
		10a. STATE 10b. COUNTY Ann	e Anna	2 10c. CITY, T	OWN OR LOCATION ASAOENA		10d, INSIDE CITY LIMITS? 1 YES 2 NO
	ERAL	100. STREET AND NUMBER  2 0 4 MAG-/	VOLIA	AVENU	(F   101. ZIP COOE	// 2 10g. c	STIZEN OF WHAT COUNTRY?
	5	11, MARITAL STATUS	12. WAS DECEDENT EVER I			NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian,
1	à	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuben, Mexico 1 YES 2 NO Specif		Black, White, etc. Specify: Life
		15. DECEDENT'S EDUCA (Specify only highest grade or	ATION completed)	16a. DECEDENT'S USI	done during most of working	16b. KIND OF BUSINESS/I	NOUSTRY
	APLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	RUG 1	BINDER	MENTGO	MERY WARDS
	COMPL	17. FATHER'S NAME (First, Middle, Lest) TAMES RIJO	VE		18. MOTHER'S NA	AME (First, Middle, Meiden Surname	MAIS
tifled	TO BE	19st. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town, State,	Zip Code)
De no	-	2004, METHOD OF DISPOSITION	AIE	36 D. PLACE AND DATE OF D	1 Chave	DATE 20c LOCATION	ENA MD 21123
must		110 Buriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	val from Stata	metery, crematory of other	place)	11-1892 OV.	en Bumie, MO
amine		21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1	22. NAME AND ADDRESS OF FA		1 1
		Solver >- F	771		Dandalen 1	and a	101-11
		22 DART I Felicable disease		1	13BRILANCO	SEVERNA PH	7-1
Per		23. PART I. Enter the diseases, of co shock, or heart failure. Li	omplications that cause ist only one cause on	the death. Do not	enter the mode of dying, suc	th as cardiac or respiratory	inierval Between
the medical		iMMEDIATE CAUSE (Fine) disease or condition	omplications that cause ist only one cause on	each ilne.	enter the mode of dying, suc	th as cardiac or respiratory	
#		iMMEDIATE CAUSE (Fine)	omplications that caused on a state only one cause on a publication of the state of	each ilne.	enter the mode of dying, such	the Co	inierval Between
event, the	ON	immediate Cause (Finel disease or condition resulting in death)	"retastate DUE TO (OR AS CA Of	a CONSEQUENCE OF:	enter the mode of dying, suc	the (b)	inierval Between
event, the	ICALION	immediate Cause (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	enter the mode of dying, suc	as the Cos	inierval Between
r other traumatic event, the	HIIFICATION	immediate Cause (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	enter the mode of dying, such that carcinonal name a 2° to meta	as the By	inierval Between
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hows any injury, or other traumatic event, the	MEDICAL CE	snock, or neart failure. Li iMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS)  DUE TO (OR AS)  DUE TO (OR AS)  DUE TO (OR AS)  DUE TO (DR AS)	A CONSEQUENCE OF):	enter the mode of dying, such that carcinonal ngue  e 2° fo meta upraventric	s. R lung a  tichy ca  Part I. 248. WAS AN AUTOPS PERFORMED?	Interval Batween Onset and Death  Lung  Lung  Lung  Lung  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
hows any injury, or other traumatic event, the	MEDICAL CE	SACK, Or heart failure. Li  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions  PART III. Other significant conditions  AUTHORITIES OF THE PROPERTY OF	DUE TO (OR AS DU	A CONSEQUENCE OF:	enter the mode of dying, such that carakonal ngue 2 for meta apraventric the underlying couse given in term	sh as cardiac or respiratory:  af the (b)  s. (c) lung a  tichy ca  Part I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 1 (NO	Interval Batween Onset and Death  Conset and Death
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or Nem 23 shows any Injury, or other traumatic event, the	PHYSICIAN: MEDICAL CE	SHOCK, Or heart failure. Li  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions  SEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (DR AS DU	A CONSEQUENCE OF:	enter the mode of dying, such that the current of the current of the current of the underlying ceuse given in the underlying c	est as cardiac or respiratory:  as the (b) s  s. (c) lung a  tichy ca  Part I. 24a. WAS AN AUTOPS PERFORMED?  1 VES 2 (NO	Inierval Between Onset and Death  Lung  Lung  24b. Were autopsy findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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I mirror, or item 23 shows any injury, or other traumatic event, the	ED BY PHYSICIAN: MEDICAL CE	SHOCK, Or heart failure. Li  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS DU	A CONSEQUENCE OF):  A CONS	enter the mode of dying, such that the carakonal and the carakonal	A CR Lung a  A CR Lung a  A CR Lung a  A CALL CA  Part I. 248. WAS AN AUTOPS PERFORMED?  1 VES 2 (NO  28d. DESCRIBE HOW INJURY CO  City or Town, State)	Inierval Between Onset and Death  Onset and Death  Lung  Lung  Y  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO  DOCCURED  Der or Rural Route Number,
I mirror, or item 23 shows any injury, or other traumatic event, the	ED BY PHYSICIAN: MEDICAL CE	STOCK, Or heart failure. Li  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES   NO  27. MANNER OF DEATH 1   Natural   S   Pending Investigation 3   Suicide   8   Could not be determined  29a. CERTIFIER (Check only)  CERTIFYING PHYSICI	DUE TO (OR AS DU	A CONSEQUENCE OF):  A CONS	enter the mode of dying, such that the time, date and place, and due to the content of the time, date and place, and due to the time, date and time time.	A CR Lung a  A CR	Inierval Between Onset and Death  Onset and Death  Lung  Lung  Y  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO  DOCCURED  Der or Rural Route Number,
I mirror, or item 23 shows any injury, or other traumatic event, the	COMPLETED BY THYSICIAN: MEDICAL CE	STOCK, Or heart failure. Li  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES   NO  27. MANNER OF DEATH 1   Natural   S   Pending Investigation 3   Suicide   8   Could not be determined  29a. CERTIFIER (Check only)  CERTIFYING PHYSICI	DUE TO (OR AS DU	A CONSEQUENCE OF):  A CONS	enter the mode of dying, such that the time, date and place, and due to the content of the time, date and place, and due to the time, date and time time.	A. C. Luny a.  Acclusca  Part I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 NO  Book only one)  8 Other (Specify)  28d. DESCRIBE HOW INJURY (City or Rown, State)  to the cause(s) and manner as a sitme, date and place, and due to	Inierval Between Onset and Death  Onset and Death  Lung  Lung  Y  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO  DOCCURED  Der or Rural Route Number,
PORTANT: If Item 28 It mainted to litem 23 shows any injury, or other traumstic event, the	BE COMPLETED BY PHYSICIAN: MEDICAL CE	SHOCK, OF heart failure. Li  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER  PART II. OTHER TO THE CONTROLL EXAMINER:	DUE TO (OR AS OF DUE TO (DR AS OF DUE TO	A CONSEQUENCE OF):  A CONS	enter the mode of dying, such that the time, date and place, and due to the time, death occurred at the time, determined to the time, determined at time.	A. C. Luny a.  Acclusca  Part I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 NO  Book only one)  8 Other (Specify)  28d. DESCRIBE HOW INJURY (City or Rown, State)  to the cause(s) and manner as a sitme, date and place, and due to	Inierval Batween Onset and Death  Onset and Death  Auropsy Findings Amaliable Prior To Completion of Cause Of Death?  1 Yes 2 No  OCCURED  Der or Rural Route Number,  Stated, the cause(s) and manner se stated.
PORTANT: If Item 28 It mainted to litem 23 shows any injury, or other traumstic event, the	COMPLETED BY THYSICIAN: MEDICAL CE	SHOCK, Or heart failure. Li  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONS	enter the mode of dying, such that the time, date and place, and due to the time, death occurred at the time, determined to the time, determined at time.	Part I. 24a. WAS AN AUTOPS PERFORMED?  1 VES 2 NO  28d. DESCRIBE HOW INJURY CO. 10 to the cause(s) and manner as a time, date and place, and due to MBER  29d. DESCRIBE 100 INDURY CO. 10 to the cause(s) and manner as a time, date and place, and due to MBER  29d. DESCRIBE 100 INDURY CO. 10 to the cause(s) and manner as a time, date and place, and due to MBER  29d. D	Interval Batween Onset and Death  Conset and Death  ALLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCCURED  Der or Rural Route Number,  Reted, the cause(s) and manner as stated.  ATE SIGNED (Month, Day, Year)

Julia Davidson Mandalle

NOV 1 9 1992



BALTIMORE, MARYLAND 21215-0020	M. An experience that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
	JAN: ME	s certificate his
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALTH AND CATE OF DEATH			) ] ] ] ]	
	1, DECEDENT'S NAME (First, Middle, Last)	Clyde	CERTIF	COPES	PEG. NO.  2. DATE OF DEATH MONTH  NO UE MBER	VEAR 15,1991		
	4. SOCIAL SECURITY NUMBER 231-42-8141	1 🗆 M 2 🗆 F	(In yrs. last birthday) 56 YRS.	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH  (Mgrith Day May)  (-29-36)	a, BIR Cou	THPLACE (State or Foreign introv	
TOR	9a. FACILITY NAME (If not institution, give: PENINSULA REGION RESIDENCE OF DECEMENT		ENTER	9b. CITY, TOWN OR LOCATION OF SALISBURY	DEATH	WICO		
DIRECTOR		Orcester	10c. CITY	, town or location Poc	omoke		10d. INSIDE CITY LIMITS? 1 PYES 2 NO	
FUNERAL	10a. STREET AND NUMBER  3 - 3rd. St	reet		101. ZIP CODE 21851		10g. CITIZEN OF	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TO YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi- 1  YES 2 NO Spec	can, Puerto Rican, etc.)	84	CE - American Indian, acti, White, etc. ecily: Black	
PLETED	15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us	USUAL OCCUPATION ork done during most of working in retired.)	166. KIND OF BUSI			
E COMPL	17. FATHER'S NAME (First, Middle, Last) Robert Baj	ley			AME (First, Middle, Melden S enora Cope			
TO BI	Betty Copes			ADDRESS (Street and Mumber or Aura ord. Street	Pocomoke,		1851	
	206. METHOD OF DISPOSITION 1 M Burtal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Jerusalem  20c. Location - City or Town, State  11-20-92 Temperance Ville, Va.							
	21. SIGNATURE OF FUNERAL SERVICE LI	censee as to		Wharton Fu		e-Acco	mac, Va.	
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Chronic	each line.	twe rulmon			Approximate interval Between Onset and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF					
MEDICAL C	PART II. Other significant condition	s contributing to death t	out not resulting in	n the underlying cause given in	n Part I. 24a. WAS AN A PERFORM 1 YES 2	WED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 DOA	26. PLACE OF DEATH (COTHER: 4 Nursing Home 6 Residence				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c. INJURY AT	28d. DEŞCRIBE HOW IN	JURY OCCURED	196	
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	( — At home, farm, a city)	treet, factory, office	261. LOCATION (Street an City or Town, State)	nd Number or Rure	I Route Number,	
MPL				d at the time, data and place, and do			e(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	cope		29c. LICENSE N	UMBER OPS3	29d. DATE SIGNI	ED (Morlin, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WIT	o completed cause of de	ATH (ITEM 27) (Type,	Print) Plure Spee		my ws	21801	

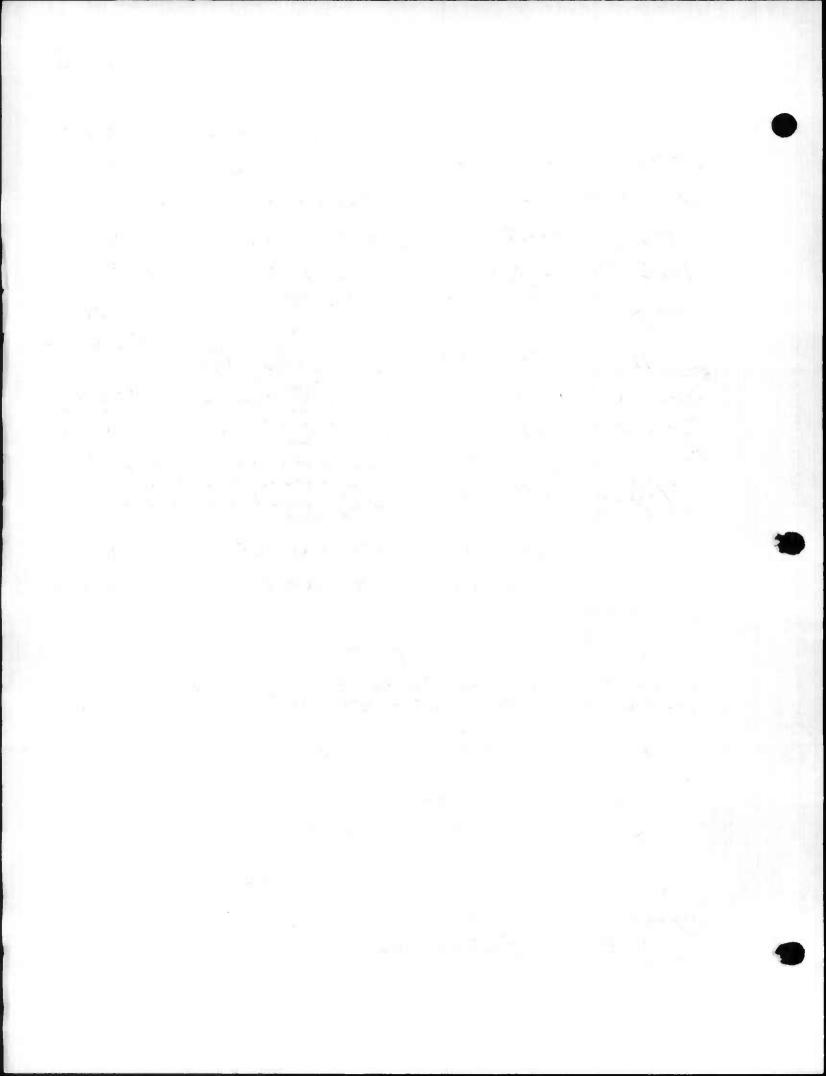
32. REGISTRAR'S SIGNATURE
Lulis Deniser Rendello

. · III III II 1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND	ours after death. Page 6 may be retained by the hos	I in by the funeral director, page 5 should be detach or removal.	nedical examiner must be notified at once.	
DIVISION OF ALM RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICANS, The Jun requires that the death certificate be executed within yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this conficue has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. T	IME OF DEATH
	THOMAS NICKERSON COLEMAN SR. 2. DATE OF DEATH DAY YEAR DAY	ORKA.
		E (State or Foreign
	OLC 30 / 277 TV COL / 7 MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)	17
	90. FACILITY NAME (If not institution, give street and number)  90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH	UP.
L CC		
16	100 E CAMPUS AVE CHESTERTOWN KENT	•
	10e. STATE 10b. COUNTY , 10c. CITY, TOWN OR LOCATION 10d	. INSIDE CITY
DIRECTOR	MD KENT CHESTERTOWN	LIMITS?  XYES 2 NO
7	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT	
FUNERAL	100 E CAMPUS AVE 21620 USA	4.
	11. MARNITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE - A	Imaricen Indien,
1	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Bleck, Wh	ite, etc.
BĄ	3 Wildowed 4 Divorced	W
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during, most of working)  16b. KIND OF BUSINESS/INDUSTRY	21/100
9	Elementary/Secondary (0-12) College (1-4 or 5+)	HEMILL
MP	MARMER SECONDED FARMY	Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surname)	01
BE	WILLIAM FRANKLIN COLEMAN HUNABELLE MC	GIN NIS
01	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	21620
-	DAN P. MASSEY 100 E. CAMPUS AVE CHESTERTOW.	DM C
	20e. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other pace)  20c. LOCATION City or Town,	State
	4 Donation 5 Other (Specify) ST. CLEMENB CHURCHYAR) MASSEY,	MD:
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  FELLOUS - WELLS KYNZEAL HAYZ	9
	CHESTERTOWN MD 21620	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,	Approximate
	shock, or heart fellure. List only one ceuse Dn eech line.	Interval Between Onset and Death
	disease Dr condition resulting in deeth) . CONSESTIVE HEART FAILURE	1. marthe
	disease Dr condition	B rump
z	CORONARY ARTERY DISEASE	10 wears
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):	0
2	CAUSE (Disease or Injury	
분	that initiated events  DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST	
1 11 1	d.	
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WEF	RE AUTOPSY FINDINGS
5	1 O(1)CU (SARTDINUTEDA) OU 121 = 13 NIA)	ILABLE PRIOR TO IPLETION OF CAUSE
MEDICAL	OF OF	DEATH?
-	CAPACITIC DISTILLATION OF THE STATE OF THE S	TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
PHYSICIAN	EXAMINER? HOSPITAL: OTHER:	-
Ě	27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 26c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO	
BY	2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, ste. (Specify)  28. PLACE OF INJURY — At home, farm, street, factory, office building, ste. (Specify)	Number,
COMPLETED	4 Homicide determined building, atc. (Specify)	
	29a. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.	
M	(Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  3 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.	manner se stated
B	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  298. LICENSE	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	0-16
	1/2:=:/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	31. DATE FILED (MODIFIED SON SON SON STORMS SIGNATURE SUCH SON - Pandale	
$\Box$		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



24 hours after death. Page 6 may be retained	filled in by the funeral director, page 5 should on, or removal.	
the deam conficate be executed within	physician and complete	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The line mounts in the death chemicate be executed within 24 hours after death, Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been separated by separation physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Deer, or female of the separation, or removal.	CANDONANATE IN TAX DO IN COLUMN ASSESSMENT A

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIEN	L	33538	
	1. DECEDENT'S NAME (First, Middle, Last)	Coney VIOLE	T MARIE CO	NEY	2. DATE OF OEATH	A JA	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 212-07-3774	5. SEX 6. AGE (In yrs. In 96		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/8/96	Cou	THPLACE (State or Foreign noty) Baltimore, Md.	
	9e. FACILITY NAME (If not inethistion, give str		96. CITY, 1	OWN OR LOCATION OF	DEATH	9c. COUNTY OF		
DIRECTOR	RESIDENCE OF DECEDENT	wn Care Center	Cat	onsvil <u>k</u> e		Balto		
DIRE	Maryland Balt	to.	Catonsv				10d. INSIDE CITY LIMITS?  1  YES 2 NO	
\Z	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	6 Twilling Gate (			21228		U.S.	Α.	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	NO If	AS DECENDENT OF HISP yes, specify Cuben, Mexi YES 2 X NO Spec		Bio	CE — American Indian, ock, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) ((	ECEDENT'S USUAL OCC Give kind of work done dui e. Do NOT use retired.)	UPATION ring most of working	16b. KIND OF BU	SINESS/INDUSTRY		
P			Housewife					
00	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	IAME (First, Middle, Malden	Surname)		
8	John O. Jamison,				Frist			
2	19a. INFORMANT'S NAME (Type/Print)  Jean Taylor				I Route Number, City or Tow			
	200, METHOD OF DISPOSITION		ANDDATEOFDISPOSITI		t, Catonsvi	LILE, Md		
	1 💢 Buriel 2 🗆 Cremetion 3 🗆 Removed 4 🗆 Donation 5 🗀 Other (Specify)	val from State cemetery, cri	emetory or other place   Idon Park		1/20/92 Ba			
	21. SIGNATURE OF FUNERAL SERVICE LICE		22. NA H A 1	ME AND ADDRESS OF				
	· Harry H		4112	2 Old Colu	mbia Pk., F	llicott	City, Md. 2104	
jag tr	23. PART I. Enter the disease, pr conshock, or heart sellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	pmplications (that coused the di lat only one bause on each line DUE TO (OR AS A CONSE	· Bater	red Preu		iretory arreat,	Approximate interval Batween Onset and Desth	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (DR AS A CONSEQUENCE OF):  d.							
MEDÍCAL	PART It. Other algnificent conditions					IMED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	theck only one)			
YSIC	1 TYES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3	OTHER:	g Home S □ Residence	6 Other (Specify)			
0	27. MANNER OF OEATH  1 Netural 5 Pending	28+. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	Ic. INJURY AT WORK?	28d. OEŞCRIBE HOW I	NJURY OCCURED		
ВУ	2 Accident Investigation	26e. PLACE OF INJURY — At ho		1 YES 2 NO				
TED	4 Homicide 6 Could not be	building, etc. (Specify)	ono, laint, attent, factory	, once	28t. LOCATION (Street a City or Town, State)	ind Number or Rural	Route Number,	
29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner se stated.  Description of the death occurred at the time, date and piece, and due to the cause(s) and manner se stated.						(e) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Levekas (	MO	29c. LICENSE NU D/59	MBER 5	29d. DATE SIGNE	8/92	
	Ha-last /	COMPLETED CAUSE OF DEATH (ITE	P 540	4 East I	Prive Bal	Lieroise	Fed 21227	
	NOV 1 9 92	A. REGISTRAR'S SIGNATURE		7. 4.		7		

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EMPIR. N. 1912 RECEIVED N. N. M. Marchen C. N. MINTER

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

death certificate be executed within 4-1 vours after death. Page 6 may be retained by the hospital or attending physician.	In the stending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be mortal Hygiene prior to burial, cremation, or remoral.	finlery, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTENDING PHYSICIAN: The	THE FUNERAL DIRECTOR: After this certificate has been considered within 72 hours after death with the State Demonstration	PORTANT: If Item 28 is marked, or Item 23

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		3. TIME OF DEATH
1	Ruth Isabella	Cline				11/2	3/92	- 14,20 H
	THE PERSON NAMED	And the same of th	MO	UNDER 1 YEAR		DATE OF/BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	217-46-1265  9e. FACILITY NAME (If not institution, give stre	1 M 2 K F	84 YRS.		R LOCATION OF DEATH	uly 28, 1	908 M	aryland
NO.	Calvert Manor Nur	DOMESTIC STATES OF THE PARTY OF		Rising			Cecil	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c CITY TO	DWN OR LOCAT	ION			10d, INSIDE CITY
H	Maryland Cecil		Elkto		ion .			LIMITS?
	10e. STREET AND NUMBER		EIRC		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	412 Fairview Road	1		2	1921		USA	
5		12. WAS DECEDENT EVER II			ENDENT OF HISPANIC		or No- 14.	RACE — American Indien, Black, White, atc.
BY F	1 Never Married 2 Merried 3 📝 Widowed 4 Divorced	FORCES? 1 YES			cify Cuben, Mexican, Pr 2 X NO Specify:	uarto Hican, etc.)		Specify: White
	15. DECEDENT'S EDUCA	TION	16a, DECEDENT'S USI	141 000000470		16b. KIND OF BUS	 	
1	(Specify only highest grade of	ompleted)	(Give kind of work	done during mo	st of working	166. KIND OF BUS	INESS/INDUST	HY
P	Elementary/Secondary (0-12) Unknown	Collega (1-4 or 5 +)	Homemaker	-		Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTNER'S NAME		Surname)	
BE C	John Franklin Gar	vin			Susan Rel	becca Bot	hell	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street e	nd Number or Rural Route	e Number, City or Town	, State, Zip Coo	de)
F	Roger Cline		5001 M	t. Eder	Rd., Oxfo	ord, PA 1	.9363	
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remove	val from Stata	b. PLACE OF DISPOSITION other place)		netery, cremetory or	2.5		or Town, Stata
	4 Donation 5 Other (Specify)		Broo	kview	ID ADDRESS OF FACILI		ing Su	ın, MD
	21. SIGNATURE OF PURERAL SERVICE CICE				Foard Fu		ne. P.	Α.
	1	wel		111 8	. Queen S	t., Risir	g Sun,	MD 21911
1	23. PART I. Enter the disease, or co shock, or hear failure. L	implications that cause lst only one cause on a	d the death. Do not sech line.	anter the mo	da of dying, such a	s cardiac or respi	retory arrest	, Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	11						Onset and Death
111		/// 0 / 0	0					
	resulting in death)	Melegy	A CONSEQUENCE OF					1 years
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):					Jylar
NOI	Sequentially liet conditions,	DUE TO (OR AS	A CONSEQUENCE OF):					f year
CATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):					J year
LIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):					J year
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	A CONSEQUENCE OF):					J year
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	tha underlyin	g cause given in Par			24b. WERE AUTOPSY FINDINGS
AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	tha underlyln	g cause given in Par	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	iha underlyln	g cause given in Par		MED?	AWAILABLE PRIOR TO
AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	tha underlyln	g cause given in Par	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitted events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A contributing to death b	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in t	28. PI	g cause given in Par ACE OF GEATN (Check	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in to the second seco	28. PI	ACE OF OEATN (Check	PERFOR  1 YES 2  only one)  Other (Specify)	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1  YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in to	28. Pi Nursing Hom V 28c. IN.	ACE OF OEATN (Check to 5   Residence 6   URY AT   28	PERFOR	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
AL	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 Y NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in to the second of the seco	28. Pl	ACE OF OEATN (Check to 5  Residence 6 URY AT RK? YES 2 NO	only one)  Other (Specify)  Bd. DESCRIBE NOW II	MED? NO NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in to the consequence of the c	28. Pl	ACE OF OEATN (Check to 5  Residence 6 URY AT RK? YES 2 NO	PERFOR  1 YES 2  only one)  Other (Specify)	MED? NO NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the cons	26. PI	ACE OF OEATN (Check to 5   Residence 6   URY AT RK? YES 2   NO 28	only one)  Other (Specify)  Id. DESCRIBE NOW II  Off. LOCATION (Street a City or Town, State)	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 Y NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the cons	26. PI Nursing Horn Pl 28c. IN. WY M 1  et, factory, office	ACE OF OEATN (Check to 5   Residence 6   URY AT   28 RK7 YES 2   NO e   28	only one)  Other (Specify)  Bd. DESCRIBE NOW in City or Town, State)  the cause(e) end main	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NED  Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 Y NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the cons	26. PI Nursing Horn Pl 28c. IN. WY M 1  et, factory, office	LACE OF OEATN (Check the 5 Residence 6 URY AT 28 RK7 YES 2 NO 28 and place, end due to the time.	only one)  Other (Specify)  Bd. DESCRIBE NOW ii  City or Town, State)  the cause(e) and maine, dete and place, an	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,  ause(e) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the consequence of the cons	26. PI Nursing Horn Pl 28c. IN. WY M 1  et, factory, office	ACE OF OEATN (Check to 5   Residence 6   URY AT RK? YES 2   NO e 28 and place, end due to leath occured at the tim 29c. LICENSE NUMBE	only one)  Other (Specify)  Bd. DESCRIBE NOW ii  City or Town, State)  the cause(e) and maine, dete and place, an	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RURAL Route Number,  Rural Route Number,  ause(e) and manner as stated.  IGNED (Month, Day, Ver)
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in to the consequence of the c	28. PI	LACE OF OEATN (Check the 5 Residence 6 URY AT IRK? YES 2 NO e 28  and place, end due to leath occured at the tim  29c. LICENSE NUMBE  015314	only one)  Other (Specify)  Other (Speci	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO  RED  Rural Route Number,  ause(e) and manner as stated.  IGNED (Month, Day, Year)  2 3/9 2
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in to the consequence of the c	28. PI	LACE OF OEATN (Check the 5 Residence 6 URY AT IRK? YES 2 NO e 28  and place, end due to leath occured at the tim  29c. LICENSE NUMBE  015314	only one)  Other (Specify)  Other (Speci	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NO  RED  Rural Route Number,  ause(e) and manner as stated.  IGNED (Month, Day, Year)  2 3/9 2
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the second of the s	28. PI	LACE OF OEATN (Check the 5 Residence 6 URY AT IRK? YES 2 NO e 28  and place, end due to leath occured at the tim  29c. LICENSE NUMBE  015314	only one)  Other (Specify)  Other (Speci	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RURAL Route Number,  Rural Route Number,  ause(e) and manner as stated.  IGNED (Month, Day, Ver)

BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires must be an artificate be executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been sored to the provided and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heaven and March Dept. of Heaven Dept.	IMPORTANT: If item 28 is marked, or item 23 shows any solution of their traumatic event, the medical examiner must be notified at once,
YL	₩ ₩	De d	at o
AB	ained	hould	Med
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL D	AL DI	7
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	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF		MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	Dannis					TE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	0.60	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS		TE OF BIRTH		B. BIRTHP	LACE (State or Foreign
	219-05- 9320 98. FACILITY NAME (If not institution, give a	- 8	2 YRS.		OR LOCATION OF	19-	18-19		Mar	yland
OB			nter	Salis		DEATH		9c. COUNT	omi	
LJ.	Waterview Heal RESIDENCE OF DECEDENT  100. STATE  100. COUNT							MIC		
DIR		omico	1177	y, town or loca Salish	36121					IOd. INSIDE CITY
AL	10a. STREET AND NUMBER	JIII CO	L		t. ZIP CODE			10g. CITIZE		YES 2 NO
FUNERAL DIRECTOR	1004 Springhi	ll Road			21801			U.S	. A	
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	ENOENT OF HISP ecify Cuban, Max 2 NO Spe	ican, Puart	SIN? (Specify Yea to Rican, etc.)	or No- 1	Black,	- American Indian, Whita, etc. Black
COMPLETED	15. DECEDENT'S EQUI (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPAT	ON .	1	6b. KIND OF BUS	INESS/INDU		
LE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Illu. Do NOT us	se retired.)						
OME	17. FATHER'S NAME (First, Middle, Last)	4+	Retire	d Teac		10.005 (55)	None	- 26.		
BE C	William Dennis	S			Lizzi			Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street				, State, Zip C	ode)	
	Gwewdolyn S. Hi	unter		Box 48		ord				
	20a METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)		b. PLACE AND DATE ( metery, crematory or of	ther place)	ame of	0/		ATION — CH		1000
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	reen Ac		ND ADDRESS OF	FACILITY		isbu		
	* Gladys B	3. Stewa	rt	Glir	ton F.	Ste	_	21 W		
	23. PART I. Enter the disesses, or o shock, or heart fellure.	complications that causa List only one cause on a	d tha death. Do n	ot anter the me	da of dying, su	ich es ce	rdiac or reapir	atory arres	it,	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		S Pul	nu	~ a	~/>	est			interval Batween Oneet and Death
_	_	OUE TO (OR AS )	CONSEQUENCE OF	3:	,					
5	Sequentially list conditions, if any, leading to immediate	QUE TO (OR AS	A CONSEQUENCE OF	):						
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	a D.M	٠.							
CERTIFICATION	that initiated events resulting in deeth) LAST	a ASCI	CONSEQUENCE OF	7:						
	PART II Other significant condition									
EDICAL	PART II. Other significent condition	s contributing to death b	out not rasuiting i	n the underlyin	g cause given I	n Part i.	24s. WAS AN A PERFORE	AED?	A	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Σ									1	☐ YES 2 ☐ NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	ACE OF DEATH (C	Check only	one)			
YSI	1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	patient 3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Rasidence	6 D Ott	ner (Specify)			
	27. MANNER QE DEATH  1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME	URY WO	RK?	26d. D	ESCRIBE HOW IN	JURY OCCUI	RED	
BÁ	2 Accident Investigation	28a. PLACE OF INJURY	— At home, farm, s		ES 2 NO	264 1 6	CATION (Comes or	el Marchan	010.	
E I	4 Homicide 6 Could not be determined	building, etc. (Spec	cify)	, instory, office		Cit	CATION (Street ar y or Town, State)	ia Number or	HURII HOU	to Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON DESCRIPTION OF THE CHARGE OF THE	CIAN: To the best of my know R: On the basis of axamination	riedga, death occurre	d at the time, data	and place, and du	a to the c	suse(s) and mann	er as stated,	: :nuse(s) s	nd manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NI					Ionth, Day, Year)
10 B	1-1. W	-S			D31	TY	6	1//-	-11	-92
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) Sype,	Print)	100	-11			fa	esty mal-
13	31. DATE FILED (Month, Day, Mac)	AZ REGISTRAR'S SIGN	ACURE .	M	105	len	wy 59	un	0.1	2/90/
14	NUV 1 % 1992	Juna Davidson	gandell.							ì

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DIVISION OF THE CORDS, F.O. BOX 86760, BALLIMORE, MARYLAND 21215-0020	4	7	in 72 hours after dam in the State Over the term and Mintal Hygiene prior to burial, cremation, or removal.	MERCHANIST IN Item An is not the state of th
DISIAIG	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: AMB	be filed within 72 hours after death with	HARDWANT, M. IA And in

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT O	F HEALTH AND ( OF DEATH	MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last).	Im DUKE	2_		2. DATE OF DEATH DA		3. TIME OF DEATH
	213-03-7131	SEX 6. AGE (In yrs. lest		AR IF UNDER 24 HRS. IVS HOURS SIIN.	7. DATE OF BIRTH (Month), Day, Year)		MRTHPLACE (State or Fereign Country)
TOR	PACILITY NAME (If not institution, give street	nospital	9ь. СІТУ, ТО	WN OR LOCATION OF DE	EATH	9c. COUNTY O	of DEATH altimore
DIRECTOR	10a. STATE 10b. COUNTY Maryland Balti	more	10c. CITY, TOWN OR L	ocation gs Mills		E	10d. INSIDE CITY LIMITS? 1 YES 2 A NO
FUNERAL	100. STREET AND NUMBER 12425 Green	spring Ave.		10f. ZIP CODE 21117			OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARK FORCES? 1 YES 2 AN IF YES, GIVE WAR OR DATES	O If yo	DECENDENT OF HISPAN s, specify Cuben, Mexica YES 2 NO Specify		1 1	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (GA College (1-4 or 5+)	cedent's usual occu we kind of work done durin Do NOT use retired.) Holf Profes	g most of working	Golf Co	.,	RY
	17. FATHER'S NAME (First, Middle, Last)  Edgar Critten	den Duke			ME (First, Middle, Meiden .		n
TO BE	190. INFORMANT'S NAME (Type/Print) Dorothy M. Duke	19b.	MAILING ADDRESS (St 2425 Gree)	reet and Number or Rural I	Route Number, City or Town	n, State, Zio Code	
must be	20g. METHOD OF DISPOSITION 1	20b. PLACE A competent, crem Dular	IND DATE OF DISPOSITIO	N(Name of Mem. Gar.	DATE 20c. LOC 11/25/92	CATION — CHY O	or Town, State
cal axaminer	21. SIGNATURE OF FUNEBAC SERVICE LICEN		Eckl	e and address of fa pardt Fune:	ral Chapel		21117 Mills, Md.
CERTIFICATION	23. PART I. Enter the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	DESCRIPTION OF STREET OF S	such and of dying, such such such such such such such such	d Crif Steno S1	ratory arrest,	Approximate Interval Between Onset and Deeth
MEDICAL	PART II. Other significent conditions of	ontributing to death but not re	esulting in the under	lying cause given in	Part I. 24a, WAS AN. PERFOR 1  YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA		IOSPITAL:	OTHER:	6. PLACE OF DEATH (Ch			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 1860	INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURE	D
_	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, factory,	office	281. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,
COMPLETED		N: To the best of my knowledge, dea					use(s) and menner as stated.
B	299. ACMITTHE AND TITLE OF CENTIFIER	TON 150		29c. LICENSE NUM	864	29d, DATE SIG	NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM HARDSON) M.	27) (Type, Print)	ST.	10 1	MD,	21286
	NOV 2 3 92	32. REGISTRAR'S SIGNATURE	82.	700			

11/21/92 NO 'A' Duke, James MC# 30-50-11

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

The requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be completely and Mental Hygiene prior to burial, cremation, or removal. as shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSPITARS IN THE CONTROL DE FINE WITH 72 hours after death on the IMPORTANT. If them 28 is markful or I

FOR	STA	'E OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL HYGIENE
	STRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Last) Thomas No Dew	THOMAS	N. DeWITT	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
		AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	92   S-+ M  8. BIRTHPLACE (State or Foreign
	217-20-1919 1×120F	COO YRS.	NTHS DAYS HOURS MIN.	(Month, Day, Year) 26	Country) MID
-	9a. FACILITY NAME (If not institution, give street and number)	90	CITY, TOWN OR LOCATION OF DI	EATH 9c. C	OUNTY OF DEATH
2	RESIDENCE OF DECEDENT  104 STATE  105. COUNTY	too City Y	OWN OR LOCATION	/	10d. INSIDE CITY
DIMECTOR	MD ANNE ARIN		aunsuille Hosp	ital Certe	LIMITS?
FUNEHAL	10e. STREET AND NUMBER	1	101. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
NE	1400 GENERALS HI	CAWAY VELIN U.S. ARMID	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Ves or No.	- 14. RACE - American Indian,
מו	1 Never Married 2 Married IF YES, GIVE WAR	YEG 2 □NO	If yee, specify Cuban, Mexica	n, Puerto Rican, etc.)	Black, White, etc.
	16. DECEDENT'S EDUCATION	16a. DECEDENT'S US	JAL OCCUPATION	16b. KIND OF BUSINESS	/INDUSTRY
COMPLEIED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  Coffege (1-4 or 5 +)	(Give kind of work	done during most of working eired.)  NONE	NIA	
P P	17. FATHER'S NAME (First, Middle, Last)	10/14		ME (First, Middle, Malden Surnan	)e)
N C	N/A UNKNOWN	•	N/	A UNKNOWN	
2	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural		
	MARY FILETA 20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITI	NERALS HIGHWAY ON (Name of comotory, cromatory or		MD. 21032 I — City or Town, State
	1 XX Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	PINELAWN ME			APOLIS, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA		
$\dashv$	23. PART I. Enter the diseases, or complications that co	used the death. Do not	821 WEST ST.	ANNAPOLIS, MD	21401
	shock, of haart failure. List only one cause IMMEDIATE CAUSE (Fine)		A		Interval Between Onset end Deeth
	disease or condition	pulmolary	ARREST		
,	Mo-Los	AS A CONSEQUENCE OF:	state CAN	CER	15 months
<u> </u>	If any, leading to immediate	AS A CONSEQUENCE OF):	10 14	A .	35.
HIFICALION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	AS A CONSEQUENCE OF):	BUCTIVE TW	movacy 015	PASE 1.3 VES
CER	resulting in death) LAST				
	PART II. Other significant conditions contributing to da	ath but not resulting in	the underlying ceuse given in	Part I. 24s. WAS AN AUTOI PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL	Schizophrenin			1 _ YES 2 _ NO	COMPLETION OF CAUSE
2				_	1 YES 2 NO
Z A	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	12	26. PLACE OF DEATH (C)	heck only one)	
PHYSICIAN: M		VOutpitlent 3 DOA 4	☐ Nursing Home 5 ☐ Residence	6 Other (Specify)  28d. OESCRIBE HOW INJURY	OCCURSO
1 1	Netural 5 Pending (Month, Day,	(bar) INJUR		Edd. OEddinse Hon Haddin	00001120
		URY — At home, farm, atre. (Specify)	et, factory, office	251. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
COMPLEIED	29a. CERTIFIER (Check code.	knowledge death occurred	at the time date and place and du	to the cause(s) and manner as	a stated
200	(Check only one) 2 MEDICAL EXAMINER: On the basis of exert				
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	$\sqrt{}$	29c. LICENSE NU	MBER 29d.	DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type Pi	154Z	002	11-15-72
	Robert M. KEENA	N WO	Coownsuil	le Hospita	al Centre
	31. DATE FILED (Month, Day, 1907)  NOV 1 9 1992  Julius San	SIGNATURE		1	
	1101 40 1.1.1/	The second second			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year), NOV 24 92

32 REGISTRAR'S SIGNATURE

wha Davidson-Randola

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF DEATH 20 1992 5:15PM Davis Hazel 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS 218-20-4752 1 🗌 M 2 🔯 F 84 12 29 1907 Wisconsin use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Talbot Memorial Hospital at Easton Easton RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Caroline Denton 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Log Cabin Road Rt. 3 Box 155A 21629 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO total or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yea, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. ARYLAND 21215-0020 FORCES? 1 YES 22
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 NO BY Specify: Specify: 3 X Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KING OF BUSINESS/INDUSTRY (Specify only highest g B Elementary/Secondary (0-12) College (1-4 or 5+) 8 yrs. ched None Line Worker Poultry Plant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the notified at Frederick Knaack Agnes Peters BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Glandon Davis 3 Box 155A, Denton, Maryland 21629 BALTIMORE, 24 hours after death. Page 6 may be page must be 20a. METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State director, cemetery, crematory or other place Greenmount Cemeterv Maryland examiner MINATURE OF B 125,24 St. Dentou the funeral ONE in by the f medical Enter the dise or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ure. List only one cause on each line. Interval Between ŏ completely filled IMMEDIATE CAUSE (Final Onset and Death the cremation. disease or condition Miac executed within resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) attending physician and con mal Hygiene prior to burial, 20 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be DUE TO (OTHE A CONSEQUENCE OF) CAUSE (Disease or injury that initiated events resulting in death) LAST been signed by the attert. of Health and Mental Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMEO? AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? shows any 1 YES 2 NO 1 YES 2 NO TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law in TOTHE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 is 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 ☐ YES 2 ☐ NO 1 inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ΒY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide determined 29e. CERTIFIER
(Check anh. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated COMPL (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTILIF 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month. Day, Year) BE EGC 1.12197 2 DEATH STEM 27) (Type, Print) Dutchman

permit. Pages 1, 2, 3 should

hours after death. Page	ed in by the funeral dire	or removal.	- sections forthorn
e death certificate be executed within 24	he attending physician and completely fille	Mental Hygiene prior to burial, cremation,	and the stranger transmit and the second the
The line that the state that the	the stranger of a soned by 1	the state beard of sealth and	or the 27 ashus and lo
IN THE HOSPILIAL DRIVING THIS SECOND THE PROPERTY OF THE PROPERTY CONTINUES OF EXECUTED WITHIN 24 hours after death. Page	THE FUNERAL DIRECTOR: After this cer	he fied within 72 hours after death with the furth profit and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT I flow 28 is marked or limited and included on other traumatic extent the modified assembled.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Florence Denston 11-8-92 10:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 217-05-0763 1 M 2 K F YRS 99 12/13/1892 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Edw.W.McCready Memorial Hospital DIRECTOR Crisfield Somerset RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Worcester Pocomoke City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 404 Second Street 21851 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yea, specify Cuben, Mexican, Pustic Ricen, stc.) 14. RACE — American Indian, Black, White, etc. FORCES? ORCES? 1 YES 2. YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married BY 1 YES 2 X NO Specify 3 Widowed 4 N Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) 8 Inspector Birds Eye once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) To William H. Burton Carrie Cherrix BE notified 19b. MAILING AOORESS (Street and Number or Fural Route Number, City or Town, State, Zip Code Md. 19a. INFORMANT'S NAME (Type/Print) 2 20677 Tobacco, Iva D. Rucker Star Rt.#1, Box 1142AA, Shirley Blvd., Port 8 20s. METHOD OF DISPOSITION
1 LX Burlel 2 Cremetton 3 Ramovel Irom State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE must First Baptist Cemetery 11/11Pocomoke City, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Melson's Funeral Home, Pocomoke, PO BOX 64, Pocomoke City, Md. 21 400 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition ardio pulmon resulting in death) DUE TO (OR AS A CONSEQUENCE OF): runouia CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING OUE TO (OR S A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE reant 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 8 🗀 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 34 BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, lactory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Homicide determined H COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: On the basis of eas on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as atteted. 295. SIGNATURE AND TITLE OF CERTIFIES BE 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 97 9 2 H (ITEM 27) (Type, Print) COMPLETED CAUSE OF Dr Jesus Evangelista, Main St., Crisfield, Md. 21817

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12. REGISTRAR'S SIGNATURE Lin Dar

BALTIMORE, MARYLAND 21215-0020

THE POTHE POTHER

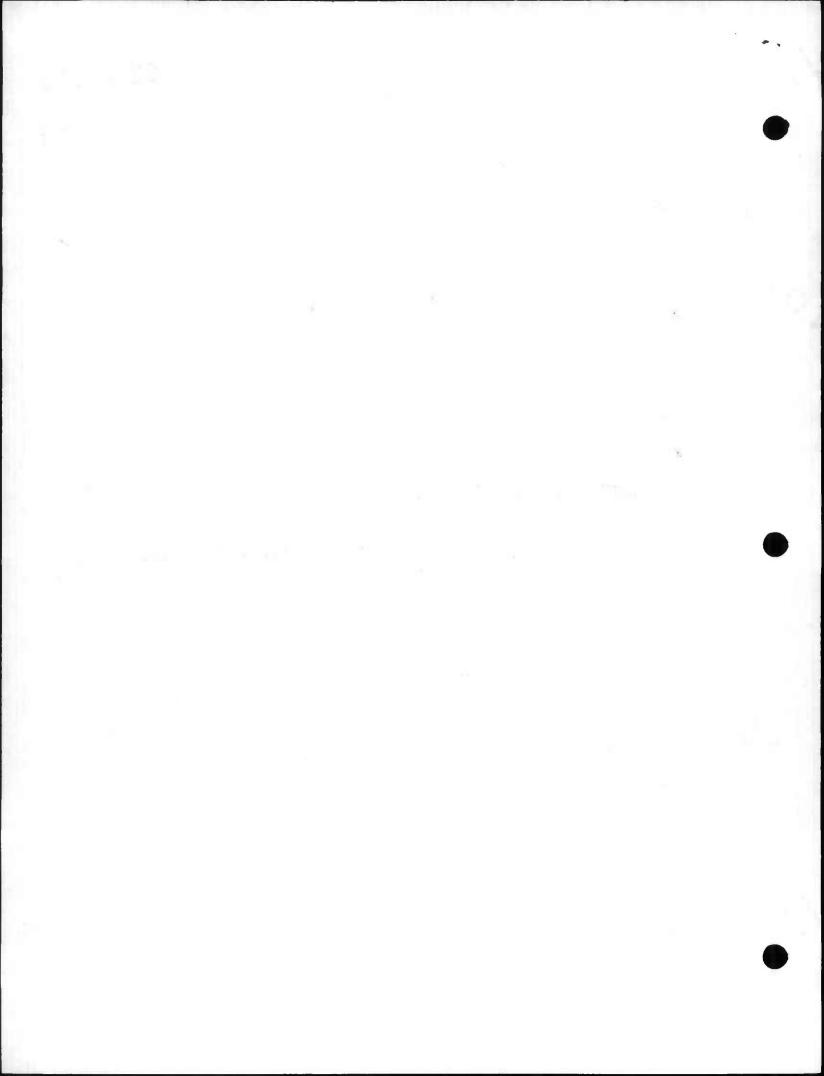
NOV 1 9 '92

2	FUNERAL DIRECTOR: After this certification has been seried by the attending physician and completely filled in by the funeral director, page 5 should		No.
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	NER	within 72 hours after death with the State Transfer and Mental Hygiene prior to burlat, cremation, or removal,	TANT if them 28 is marked or them 23 shows any injury or other fraumatic event the medical avantages must be metitived
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 17 11 YEAR 10:30 England May Laura 1992 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 - M 2 F 213-36-7866 87 12/11/1904 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4005 Dana Avenue Carroll Hampstead RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Carroll Hampstead 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4005 Dana Avenue 21074 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Bookeeper 10th grade Black & Decker Corp. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 75 George L. Awalt Mary Ellen Whalen BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Joan E. England P.O. Box 233, Hampstead, Md. 21074 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 : Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cometery, cremetory or other place)
Dulaney Valley Mem. Gard Donation 5 - Other (Specify) 11/20 Timonium, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home XVI 934 S. Main Street, Hampstead, Md. 21074 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition\_ DUE TO (OR AS A CONSEQUENCE OF): resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 2 1 TES 2 100 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 WO ne 5 ( Residence 6 ( Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investige м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 DEERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as ateted. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, occured at the time, date and place, and due to the cause(s) and manner as stated. IMPORTAL 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 11/18/92 D023 troasd 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3223

NST.

32. REGISTRAR'S SIGNATURE ulia Davidson-Rondall



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

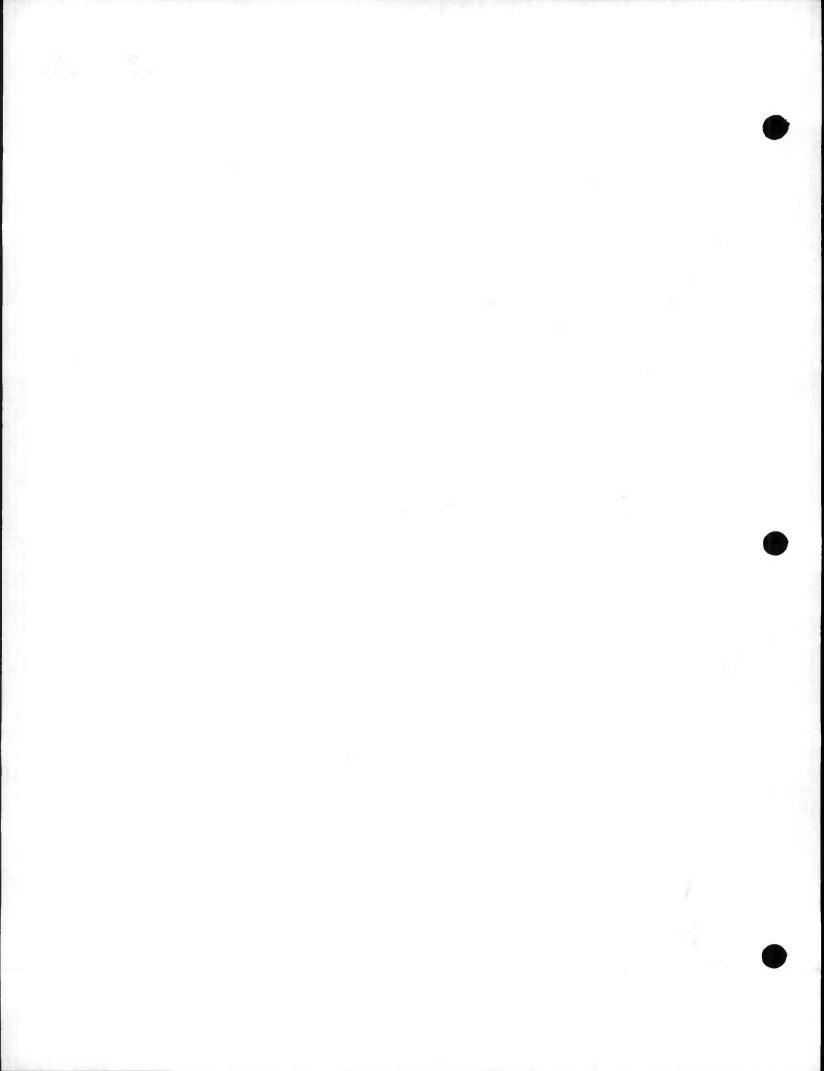
TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR. After this certificate filled within 72 hours after death with the Site imPORTANT: If Item 28 is marked, or item?

	AL DIRECTOR: After this certification response by the attending impolician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
attending physician.	use as the burial-transit		
drained by the hospital o	should be detached for		otified at once.
A CHI ALLEGINO THE CONTROL OF THE PROPERTY OF	he funeral director, page 5	ja ja	If Item 28 is marked, or item to above any injury, or other traumatic event, the medical examiner must be notified at once.
DIR CIDON ES INDIA POR	completely filled in by the	rial, cremation, or remov	c event, the medical
DOWN BY DIRECTOR OF THE PARTY O	a stranding physician and	fental Hygiene prior to bu	ury, or other traumat
the sail today today and	hugana signed by th	A Destrict Highly and N	our the above any in-
A CONTRACTOR OF THE CONTRACTOR	CTOR: After this certifical	2 hours after death with the Standard Research and Mental Hyders prior to burial, cremation, or removal.	if Item 28 is marked, or its
100	IL DIRE	2 hours	f Item

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE						
	1. DECEDENT'S NAME (First, Middle, Last) VIRGINIA LO	UISE	EYLER		2. DATE OF DEATH MONTH NOV. 11,	1992 YEAR	3. TIME OF DEATH 7:05AM M				
	4. SOCIAL SECURITY NUMBER 415-50-8106	¹□ FEMALE		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/24/31	a. BIRTH Count TENN	IPLACE (State or Foreign VESSEE				
тов	90. FACILITY NAME (If not institution, give sin FREDERICK MEMORIA RESIDENCE OF DECEMENT		9	FREDERICK	DEATH	FREDERI					
DIRECTOR		DERICK	LIBE	TOWN OF LOCATION RTYTOWN			10d. INSIDE CITY LINES 1 YES 2 NO				
FUNERAL	12049 MAIN ST.			101. ZIP CODE 217	762	10g. CITIZEN OF V	S.A.				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi- 1 YES 2 NO Spec	ANIC ORIGIN? (Specify Yes o can, Puerto Rican, etc.) //y: )	r No— 14. RACE Black Speci WH	— American Indian, t, White, atc.				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	Iffe. Do NOT use r	k done during most of working etired.)	16b. KIND OF BUSIN						
MP	17. FATHER'S NAME (First, Middle, Last)		EXPEDITO			FACTORY					
Ö	NEAL ROBERTS				IAME (First, Middle, Maiden Sc	imame)					
BE	19a. INFORMANT'S NAME (Type/Print)		10h MARING A	MAN  DORESS (Street and Number or Rura	Y COLLINS						
5	RUDELL S. EYLER				IBERTYTOWN	MD	21762				
	20a. METHOD OF DISPOSITION BUR	TAL 20b.	PLACE AND DATE OF	DISPOSITION (Name of		ITION — City or To					
	4 Donation 5 Other (Specify)	val from State cem	eterx crematory or other	L CEMETERY		. WOODSE					
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE / /	1	22. NAME AND ADDRESS OF I		HARTZLER					
	atharixe (	* Level &	en	LIBER	TYTOWN, MD						
CERTIFICATION	23. PART I. Enter the diseases, or complications that Endesd the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  OPD  Temperature  PRESSUR  PRES										
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)						
SIC	EXAMINER?	HOSPITAL: 12 Inpetient 2 ER/Outp.		THER:  Nursing Home 6 Residence	6 Other (Specify)						
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJURY AT	28d. DESCRIBE HOW INJ	URY OCCURED					
<b>a</b>	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, fectory, office	28f. LOCATION (Street and City or Town, State)	l Number or Rural R	oute Number,				
COMPLET				nt the time, data and place, and du			and manner as stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	M <sub>2</sub>		29c. LICENSE NO. 70 26	516	Ped. DATE SIGNED	(Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO	Son mo	1475	TANE!	tre Fre	D MD	21702				
	NOV 1 7 '92	32 REGISTRATI'S SIGNA	- Mandall								

	be filed within 72 hours after death with the Same Dept. of Hearn and Memory price to buries, cremoral.	tificate has been signed by the attending dysician and	TO THE HOSPITAL OR ATTENDING PHYSICIANS THE NAVINGENIA CHARLE OF THE NAVINGENIA CHARLOS AND A CHARLOS AND THE HOSPITAL OF ATTENDING PHYSICIANS.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
	ADDIE	MAY FARE	OW			NOV. 7	1992 YE	1:15 P M					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. 8	SIRTHPLACE (State or Foreign					
	220-01-7804A	1 □ M 2 🔀 F	96 YRS.	NONTHS DAYS	HOURS MIN.	(Month, Day, Year)		arvland					
	9a. FACILITY NAME (If not institution, give str	eet and number)		96. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY						
FUNERAL DIRECTOR	614 Idlewilde	Street		Feder	alsburg	3	Car	oline					
REC	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION		10d, INSIDE CITY						
	Maryland	Caroline			Feder	ralsburg		1 YES 2 NO					
RAL	104. STREET AND NUMBER			101	. ZIP CODE		OF WHAT COUNTRY?						
NE	614 Idlewilde S				21632			S.A.					
BY	1 Videnmed A Disported IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:												
B	15. DECEOENT'S EDUC	ATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF E	L d	ucasian m					
ET.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Last)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16c. MOTHER'S NAME (First, Middle, Maiden Surname)												
MPI													
8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)												
BE	Samuel Lewis Annie Spence												
2	19e. INFORMANT'S NAME (Type/Print)	2				Route Number, City or 1							
	Mrs. Nellie Wil							ourg,MD 2163					
1	20a. METHOD OF DISPOSITION  Disposition 3 Removements and Remo		PLACE AND OATE OF elery, cremetory or othe CONCORD				LOCATION — City						
	4 Donation 5 Other (Specify) .  21. SMERATURE OF FUNERAL SERVICE LICE		oncora		D ADDRESS OF FA		enton,	Maryland					
	Cox ali	DIT		Moore	Funer	al Home,							
_	- Jameson	11-11 por		Drawe	r B, D	enton, M	larylan	d 21629					
	23. PART I. Erger the diseases, or co shock, or heart fallure. L	ist only one cause on e	the desth. Do no ich line.	t enter the mo	de of dying, suc	h as cardiac or res	piratory srrest,	Approximate interval Between					
	IMMEDIATE CAUSE (Final disease or condition Das Das de la Constitución disease or condition disease												
	disease or condition resulting in death)  a. ### DV atmy Arrest.  Due to (or as a consequence or):												
,		Senile	CONTRACTOR OF ).	•				i					
흔	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
3	cause. Enter UNDERLYING CAUSE (Disease or Injury												
E۱	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):										
CERTIFICATION	d.												
ALC	PART II. Other significant conditions	contributing to death be	ut not resulting in	the underlying	cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
S						PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
빌							1	OF DEATH?					
PHYSICIAN: MEDIC													
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)							
YS	1 VES 2 NO	1   Inpetient 2   ER/Outp		OTHER:	6 5 Residence	8 Other (Specify)							
품	27. MANNER OF OEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	BK?	28d. DESCRIBE HOV	V INJURY OCCURE	0					
B	2 Accident Investigation	280 DI ACE OF IN HUM	41.5		ES 2 NO								
COMPLETED	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF INJURY building, etc. (Spec	/y)	eet, tectory, ome		281. LOCATION (Stree City or Town, Ste	et and Number or R te)	ural Route Number,					
الأ	29a. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my knowl	adas, deeth seemad	ad the time date	Teacher State	ALL SHOWING							
R								use(s) and manner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER												
BE	V C/1/7_	MID			29c. LICENSE NUI	///	29d. DATE SIG	NEO (Month, Day, Year)					
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. P	rint)	11232	6T	1 , ///	711-					
	Dr. S.Willy Li				nuo Fo	ederalsb	nra M	D 21622					
į	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ITURE .		nue, re	-dela12D	urd, M	D Z103Z					
	11/12/19/217 '92	guna Da	vidson-Rand	المالك									



timed by the popular or attending physician.	and the state of the use as the burnal-transit permit, Pages 1, 2, 3 should	IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nowed at mice.
NY: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be	s certificate has been signed by the attending physician and completely filled in by the funeral director, page is the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	of be no
Page 6 r	al director	Iner mus
fter death.	the funer loval.	al exam
4 hours a	illed in by	e medic
within 2	npletely fi cremation	vent, th
executed	n and cor to burial,	matic e
tificate be	g physicial iene prior	ther trau
death cer	ental Hygi	ıry, or o
that the	certificate has been signed by the attending physician and completely fill the State Dept, of Health and Mental Hygiene prior to burial, cremation	any Inju
w requires	been sign	shows
N: The lan	icate has State Dep	Item 23
	this certif	ked, or
ENDING	DR: After fter death	8 Is mai
IL OR AT	L DIRECT 2 hours a	I Item 2
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with the	TANT:
THE CH	TO THE	IMPO

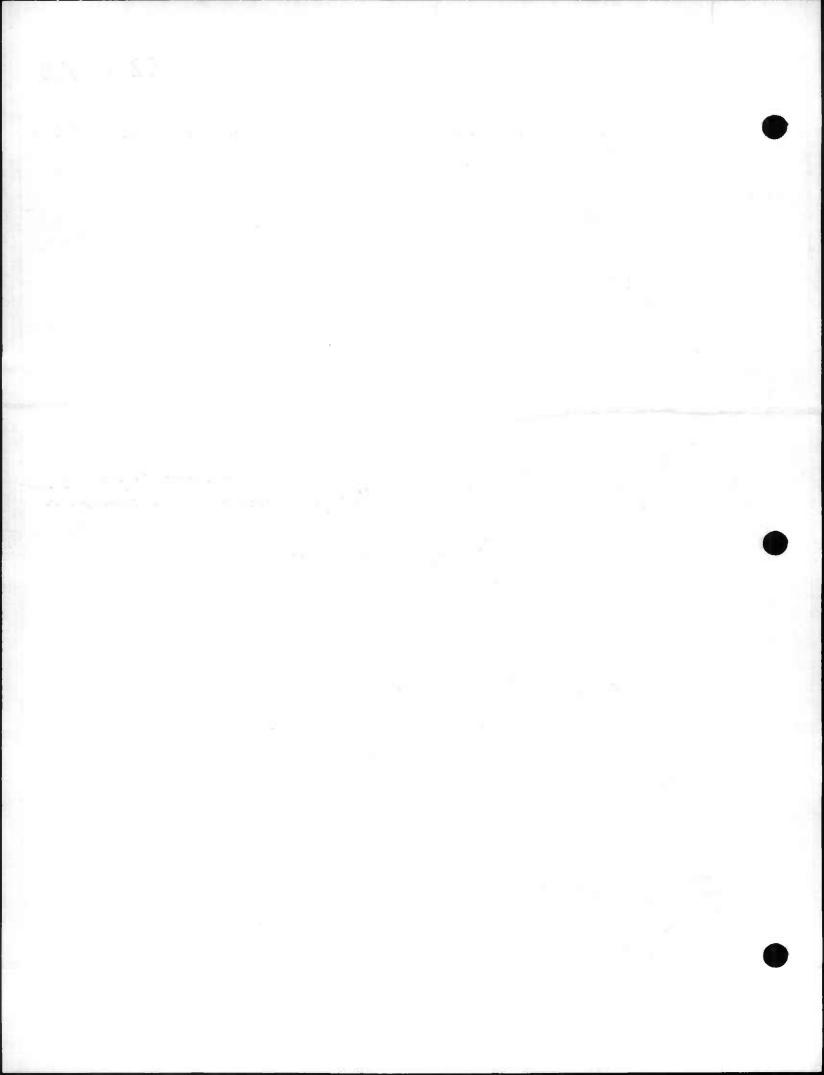
BALTIMORE, MARKLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

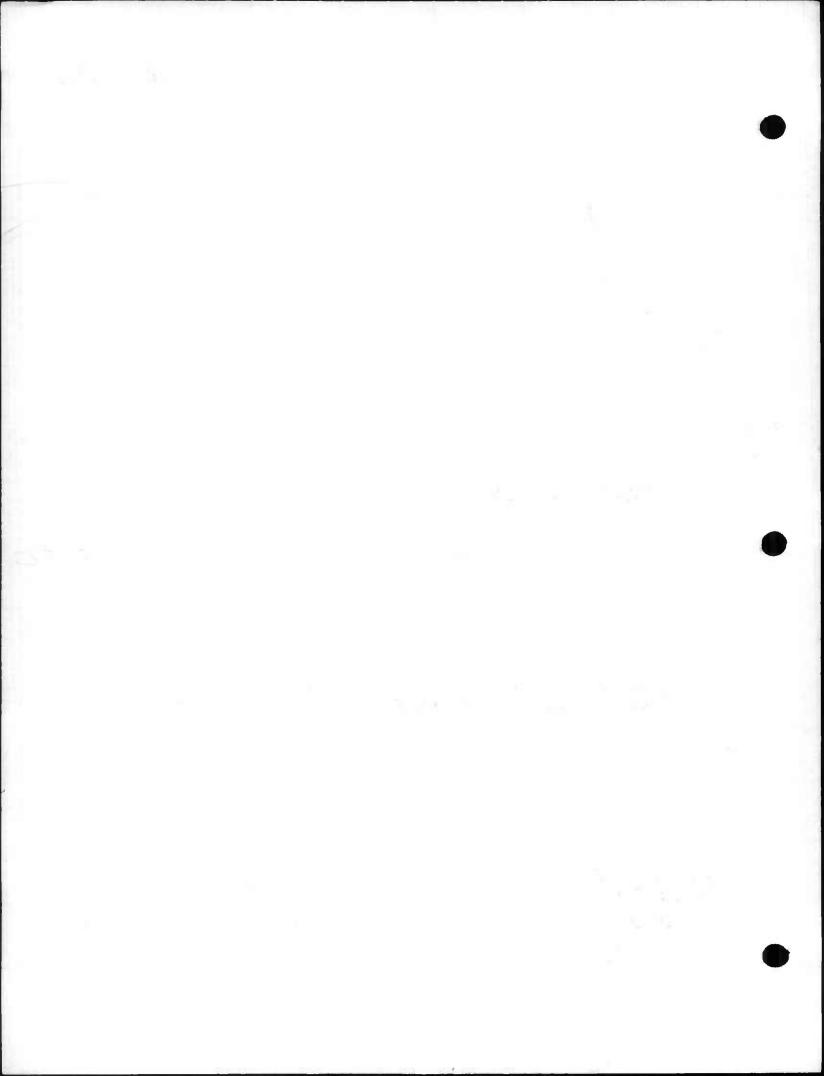
	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.									
- 6	1. DECEDENT'S NAME (First, Middle, Last)	/		2. DATE OF DEATH MONTH DA	3. TIME OF DEATH								
- "	CATHEUNE TAY	/		1 07	MOTH 07 92 8:20								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS	CA 4 D 14 4	8. BIRTHPLACE (State or Forei Country)	ign							
- 0	057-18-7035 1 M 2 F L	75 YRS. MO	NTHS DAYS HOURS MIN.	06-27-17	New York								
1	9a. FACILITY NAME (If not institution, give street and number)	96	. CITY, TOWN OR LOCATION OF		9c. COUNTY OF DEATH								
8	Meridian Nursing Center - The	e Pines	Easton, Mary	land	Talbot								
ᇈ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	TERRO											
DIRECTOR			OWN OR LOCATION		10d. INSIDE CITY LIMITS?								
	Maryland Talbot  100. STREET AND NUMBER	Eas	ton		1 ☑ YES 2 ☐ NO	ю							
₩.	610 Dutchman's Lane (Th	o Dinosl	101. ZIP CODE 2160	1	10g. CITIZEN OF WHAT COUNTRY?								
FUNERAL													
	1 Never Married 2 Married FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mex	ican, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc.	١,							
B													
0													
E	(Specify only highest grade completed)  Elementary/Secondary (0-12) Coffege (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of working	The state of the s									
립	10th    College (1-4 or 5+)   Homemaker   Own Home												
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)  18. MOTNER'S NAME (First, Middle, Melden Sumeme)												
BE C	Michael James Ganley Ann Walsh												
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rui	al Route Number, City or Town	, State, Zip Code) 21632								
2	Doreen R. Goodger				eralsburg, MD								
		b. PLACE AND DATE OF D			CATION — City or Town, State								
		Bloomery		10 Nr.	Federalsburg,	MD							
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF	FACILITY 216 NOR	th MAIN St. 14								
	Muhaif t- Tobs	w	Heamoton 1	Harling - FS	Kow Federalby 1 M	1							
	23. PART I. Enter the diseases or complications that ceuse	d the death. Do not	enter the mode of dying, s	uch as cardiac or respi	ratory arrest, Approximate								
ļ	shock, or heart fellure. List only one cause on o				intarval Bet								
	disease or condition resulting in death)	innu mo	nay arrest										
	DUE TO (OR AS	A CONSEQUENCE OF):	/										
Z	Athero	sclerosis											
CERTIFICATION	it any, leading to immediate	A CONSEQUENCE OF):											
2	cause. Enter UNDERLYING CAUSE (Disease or injury												
Ė	that initiated events resulting in death) LAST	A CONSEQUENCE OF):											
<b>H</b>	d												
	PART II. Other significant conditions contributing to death	but not resulting in t	he underlying cause given	In Part i. 24e. WAS AN									
DICAL	Squemons Cell (suis	come of	tonque	PERFOR	COMPLETION OF CAL								
밀	8		0		OF DEATH?	.							
2					T TES 2 INO	'I							
Ā	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN	Check only one)		-							
Sic	EXAMINER?  1		THER: Nursing Nome 5 Resident	a & Char (Specific)									
PHYSICIAN: ME	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE NOW IN	JURY OCCURED	-							
	Netural 5 Pending (Month, Day, Year)	INJURY	WORK?  M 1 YES 2 NO										
ВУ	3 Suicide 280. PLACE OF INJUR	Y — At home, farm, atree	et, factory, office		nd Number or Rural Route Number,	$\dashv$							
Ä	4 Nomicide determined building, etc. (Spe	эспу)		City or Town, State)									
۳.	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	wiedge, death occurred a	t the time data and place, and a	his to the cause(s) and man	nor no stated								
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the beels of examination					ted.							
ŏ	290. SIGNATURE AND TITLE OF SEPTIMEN		29c, LICENSE I		29d. DATE SIGNED (Month, Day, Year)								
BE	M/1023 1 MO		177	8533	► //. 9. 97								
2	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Spe. Pri	10	020/	111/1								
	Michael D. Cro	wey l		aston, MD	)								
	21. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	NATURE /											
	NOV 18 92	-Rando 00											
	1101	The second											



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	4	1. DECEDENT'S NAME (First, Middle, Lest,			CENTIL	ICATE	OF	DEATH		ATE OF DEATH		YEAR 3.	. TIME OF DEATH
		Scott	Peter	_ Fra	ase				_   "	11 23		992	8:40 AM M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra	. last birthday)	IF UNDER	-	IF UNDER 24 H		ATE OF BIRTH			ACE (State or Foreign
9	- 2	219-90-6924	1 🔀 M 2 🗆 F	28	3 YAS.	MONTHS	DAYS	HOURS MI	12	2730763	}		Jersey
2, 3 should	OR	•a. FACILITY NAME (If not institution, give Easton Memori		ital				ton	F DEATN			albot	TN
	اقا	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT									1		
permit. Pages	DIRECTOR	Maryland C	aroline		10e. CIT	Y, TOWN O	R LOCAT		rest	con		- 100	INSIDE CITY LIMITS?  YES X2 NO
. isi	FUNERAL	100. STREET AND NUMBER Route 2	, Box 28	35A			101	ZIP CODE 2	1655	5	10g. CIT	U.S.	AT COUNTRY? A.
21215-0020 If or attending physician. For use as the bunal-transit	BY	11. MARITAL STATUS 1 Nover Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	H	yes, spe	ENDENT OF NI ocity Cuben, M	exican, Pu	NGIN? (Specify Yes orto Ricen, etc.)	or No-	Black, V	- American Indian, White, etc. White
1215 r attend use as	ETED	15. DECEDENT'S ED (Specify only highest grad		16a	DECEDENT'S	USUAL OC	CUPATIO	ON .		16b, KIND OF BU	SINESS/INC	DUSTRY	
10 P O T O	COMPLET	Elementary/Secondary (0-12) 12th	College (1-4 or 5	·1 I	(Give kind of life. Do NOT u	se retired.)	luring mo:	st of working		N/A			
AND The hospit detached once.	ő	17. FATHER'S NAME (First, Middle, Last)								irst, Middle, Maiden			
M & A	BE	Earl E.	Frase					Jud	ith	Hobby	Fra	se	
THARYLAND  THANK BY THE HOSPIT  THOUSE AT ONCE.	10	190. INFORMANT'S NAME (Type/Print) Earl E. Fra	se		Rt.	ADDRESS 2, B	(Street e	285A,	Pre	Number City or Tow eston,	MD .	21655	5
Month of the Park		20a. METHOD OF DISPOSITION  1	novel from State	20b. PLA cemetery Jul	CEAND DATE , crematory or o	orde	r C	emete	ry	25 Pre	esto		aryland
BALTIMO or death. Proc the the funeral areas val.		21. SIGNATURE OF FUNERAL SERVICE L  Multicuf 7	. Eski	w	-	Fr PO	amp Bo	tom-H	awk Fe	ins-Esk deralsk	cow i	Funer	al Home 21632
hours aft of in by or remo		23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications the List only one ceu	it caused the	deeth. Do								Approximate Interval Between Onset and Death
68760, ecuted within 24 r and completely fille burial, cremation, affic event, the		resulting in death)	DUE TO	AS A CON	NSEQUENCE O	F):							acute
BOX 687 cate be executed hysician and corr e prior to burial, or traumatic ex	ATION	Sequentially list conditions, If any, leading to immediate											
certificat nding phy Hygiene p	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST											
OS, Poe death the atten Mental Hury, or		PART II. Other significent condition	ne contribution to	double but m	ent many status as	le ab				. 1			
ORI that the	EDICAL	@ Kusenlow	s De	عرسو	Susuiting	in the uni	/ 1 / 1	Love	n in Part	1  YES		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
Sho of the	Σ	resperces	en	Jana	a B		-					1	☐ YES 2 ☐ NO
VITAL JAN: The law tificate has lee State Dept or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			071150		ACE OF DEATH	(Check or	ly one)			
ICIAN: Sertifica the Str	YSI	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpation	R 3 🗆 DOA	OTHER		e 5 🗆 Reside	nce 6 🗆	Other (Specify)			
PHYSIC this or with the d.	BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b. TIN	IE OF JURY M		URY AT RK? YES 2 NO		DESCRIBE HOW I	NJURY OC	CURED	
ISIC ITTENDI ITTOR: A after d	ED	3 Suicide 6 Could not be determined	28e, PLACE 0 building,	of INJURY A etc. (Specify)	t home, farm,	street, facto	ory, office	•	261.	LOCATION (Street of City or Town, State)	end Number	or Rural Rou	te Number,
로 국 전 도	COMPLET	one) 2 MEDICAL EXAMIN											nd manner ea stated.
TO THE HOSPI' TO THE FUNER De filed within IMPORTANT:	O BE	296. SUBSATURE AND TITLE OF CENTERS	Ve_					DI4	NUMBER 53	7	29d. DAT	E SIGNED (M	lonth, Day, Year)
		30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH	1.1	Print)	2	(0	8,	5 tm	M	2	1601
		31. DATE FILED (Month Day, 11-92	32. REGISTRA	ARIS SIGNATUR				,		7 2.11			/



at attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows be entired as the buriat-transit permit. Pages 1. 2. 3 should		
be retained an extension	e 5 shows by deficing	-	notified at once.
or death. Page 6 may b	he funeral director, page	el.	examiner must be
led within 24 nours after	completely filled in by the	al, cremation, or remov	event, the medical
ith certificate be execut	tending physician and c	al Hygiene prior to buri	or other traumatic
JAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	been signed by the at	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at the
ING PHYSICIAN: The la	After this certificate has	seath with the State De	marked, or item 2.
D THE HOSPITAL OR ATTENDING PHYSICIA	O THE FUNERAL DIRECTOR: After thi	be filed within 72 hours after death with the	MPORTANT: If item 28 is marked
TO THE H	TO THE F	be filed ₩	IMPORT

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
				Jr.		11 26	26 1992 1:45 PM M					
	4. SOCIAL SECURITY NUMBER	1 _ 1		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
	089-16-6430  Sa. FACILITY NAME (If not institution, give:	1 M 2 F	70 YRS.		250		922 New York					
Œ				b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY OF E					
57	Memorial Hospital	L at Easton, I	MD, Inc		Eastor	1	Ta	lbot				
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCAT			10d. INSIDE CITY LIMITS?					
	Maryland C	aroline			Dent	on		1 TYES 2 NO				
FUNERAL	MD Route 317	Rt. 1 Box	237	101	21629	a	10g. CITIZEN OF Y	WHAT COUNTRY?				
SNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC		IIC ORIGIN? (Specify Yes o		E — American Indian,				
	1 Never Married 2 Married	FORCES? 1X YES	2 NO	If yes, spi		n, Puerto Rican, etc.)		k, White, etc.				
ВУ	3 XWidowed 4 Divorced	1942-1945	WW II					ucasian				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION s completed)	16a. DECEDENT'S US	done during mo	N at of working	166. KIND OF BUSI	NESS/INDUSTRY					
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n		. 20	E = 14m	Oh om i a	-1-0				
N O	8 yrs.  17. FATHER'S NAME (First, Middle, Last)	None	Truck	Drive		FCLLIII ME (First, Middle, Maiden S	Chemica	118				
	and the second second second second	mes Frette	rd. Sr.			Anna Duv						
BE C	19a. INFORMANT'S NAME (Type/Print)	110000		DRESS (Street e		Route Number, City or Town,						
٤,	Wayne F. Fret	terd, Sr.	_221 N	faryla	nd Aver	ue, Dento	on, Mar	yland 2162				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem	20b.	PLACE AND DATE OF E	SPOSITION /Na			ATION — City or To					
	4 Donation 5 Other (Specify)	B	loomery	Cemet		12/1 Smit	hville	, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LI	LEMBEE // / /		MOOT	ADDRESS OF FA	al Home,	рΔ					
	( Kandok	LLYFUPO	YE	Draw	er B, D	enton, Ma	rvland	21629				
	23. PART I. Enter the diseases, or shock, or heart fallure.	complications that caused. List only one cause on ea	the death. Do not	enter the mo	de of dying, suc	h aa cardlac or respire	itory arrest,	Approximata Interval Between				
	IMMEDIATE CAUSE (Final Onset and Death disease or condition											
	resulting in death)	a Deple	CONSEQUENCE OF:									
_	_	POLICIONASA	CONSEQUENCE OF	04				i .				
Ö	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
2	cause. Enter UNDERLYING CAUSE (Disease or injury	· Caron	rua	07	Fan	creat						
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	Cooking in cooking Excer	d										
AL (	PART il. Other significant condition	na contributing to death bu	it not resulting in t	the underlying	cause given in	Part I. 24s. WAS AN A		. WERE AUTOPSY FINDINGS				
						PERFORM  1 YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
MEDIC								1 NES 2 NO				
PHYSICIAN:												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch							
H YS	1 YES 2 THO  27. MANNER OF DEATH	1 Inpetient 2 ER/Outpe 28a. DATE OF INJURY	26b. TIME O			6 Other (Specify)  28d. DESCRIBE HOW IN.	HIBY OCCUPED					
	Natural 5 Pending	(Month, Day, Year)	INJUR		PK?	Loa. Degotinge from the	ONI OCCURED					
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— Al home, farm, stre-	et, factory, office		281. LOCATION (Street en	d Number or Rural I	Route Number,				
COMPLETED	4 Homicide determined					City or Town, State)	te)					
PLE	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occurred a	t the lime, date	end place, and due	to the cause(e) and mann	er as stated.					
Š	one) 2 MEDICAL EXAMINE	ER: On the basis of examination	end/or investigation, i	n my opinion, de	ath occured at the	time, date end place, end	due to the ceuse(e	e) and manner ee stated.				
w .	296. SIGNATURE AND TITLE OF CENTIFIE	Я			29C. LICENSE NUN	IBER	29d. DATE SIGNED	(Month, Day, Year)				
TO B		De			1)54	769	11/5	7192				
	30. NAME AND ADDRESS OF RERSON WI	IO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	nt)	1 ml	Sit	- Na	1 3/11				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE S	Mary	ell	casis	w, Y'L	D 2160				
	NOV 27 '97	y and Dav	Idson-Randal	2			,					
	BUY L. J VL											

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DIVISION OF WITAL RECORDS, P.O. BOX 13146,	99	an	5
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	TO THE HOSPITAL OR ATTENDING PHYSPIAN Decime maints that the death certificate be executed within secounts as	TO THE FUNERAL DIRECTOR. After this contribets has been agained by the intending physician and completely filled in by	pa
	E	I C	1 E
	F	F	Š

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEAD		ITAL HYGIENE REG. NO.	32	33551			
	1. DECEDENT'S NAME (First, Middle, Lest) MARY Mary Thelma F	THELMA ter	FROUNE		•	Nov.18, 1	992"	142095PM			
	4. SOCIAL SÉCURITY NUMBER 220-05-0640  98. FACILITY NAME (If not institution, give	1 🗆 M 2 ŒENIALE	88/ns. M	OHTHS DAYS HO	URS MIN.	O1/31/04	MA.	RYLAND			
CTOR	FREDERICK MEMO			FREDE		10000	FREDE				
DIREC	10a. STATE 10b. COUN	CARROLL	10c. CITY,	TON BRID	GE			10d. INSIDE CITY LIMITS YES 1 YES 2 NO			
ERAL	100. STREET AND NUMBER AIN ST	•		10f. ZIP	2179	91 10g. Cr	TIZEN OF WI	U.S.A.			
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Word Wed	12. WAS DECEDENT EVER II FORCES? 1   YES IF YES, GIVE WAR OR D	2 NO		Cuban, Mexican, Pu	RIGIN? (Specify Yea or No erto Rican, etc.)	Black,	American Indian, White, etc.			
PLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		166. KIND OF BUSINESS/IN								
d at once.	17. FATHER'S NAME (First, Middle, Lest) HARRY LAMBERT		HOMEMA			First, Middle, Melden Sumame) EPHINE SMITH					
TO BI	19a. INFORMANT'S NAME (Type/Print)  GRETA F. LAMBERT  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  12648 CREAGERSTOWN RTHURMONT										
examiner must be	20a. METHOD OF DISPOSITION BURIAL  1   Burlel 2   Cremetion 3   Removal from State  4   Donation 5   Other (Specify)										
ry, or other traumatic event, the medical CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
shows any inju	PART II. Other algolificant condition	24s. WAS AN AUTOPS' PERFORMED?  1 YES 2 NO	Y 24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
28 is marked, or item 23 TED BY PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	28e PLACE OF INJURY	26b. TIME INJUI	OTHER:    Nursing Home ( OF 28c. INJURY WORK? M 1   YES	2 NO 28			oute Number,			
COMPLET	(one only	SICIAN: To the best of my know						and menner as stated.			
TO BE COM	30. NAME AND ADDRESS OF PERSON V	WHO COMPORTED CAUSE OF DI	eath (ITEM 27) (18/10). F 00 W. 9th	rint) I	EDERICK,	7/	ATE SIGNED	9/92			
	31. DATE FILED (Month, Day, Year) NOV 2.0 392	32. REGISTRAN'S SIGN	YATHBE CONDE		· · · · · · · · · · · · · · · · · · ·						

TO BE COMPLETED BY FUNERAL DIRECTOR

attending proposition and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should prain implies prior to fund, cremation, or removal. death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. ry, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR. After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23

CAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN: MET

1 - FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAI	RTMEN FICAT	T OF I	TEALTH DE A	I AND	MENTA	L HYGIEN	E	00,	772
1. DECEDENT'S NAME (Fin		in Fried	le1		let	4			MONT	OF DEATH		YEAR	. TIME OF DEATH
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			a. BIRTHPL Country) Marv1	ACE (State or Foreign
North Arund	del Hos			96. CITY, TOWN OR LOCATION OF Glen Burn				DEATH 9c. COUNTY OF			NTY OF DEA		
10e. STATE	10b. COUNT			10c. CI	TY, TOWN								0d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER		Arunde1					. ZIP COD		adena	1	10a, CIT		YES 2 NO
6 Nicholson	n Drive						2112						S.A.
1 Never Married 2 3 Widowed 4 Div		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES	XX NO	13.	It yes, sp	ecity Cubi	OF HISPAN en, Mexica Specify	in, Puerto f	I? (Specify Yes Ricen, atc.)	or No-	Specify:	- American Indian, White, etc.
15. DE (Specify or Elementary/Secondary	CEDENT'S EDU	completed)		Give kind of	work done	during mo	ON ist of world	ing	16b.	. KIND OF BUS	SINESS/IN		asian
12+		College (1-4 or 5		Arunde:	l Cor	cpora	ation	1		Tra	anspo	rt De	pt.
William Fr:									ME (First, A	Aiddle, Maiden	Sumame)		
Mrs. John		1		19b. MAILING	G ADDRES	S (Street a				per, City or Town	n, State, Zip	Code)	
20e. METHOO OF DISPOSI  1   Burlel 2   Cremetl  4   Donetion 5   Othe  21. SIGNATURE TIMER.	TION on 3 - Rem r (Specify)	oval from State	cemate	LACE AND DATE Bry, cremetory or or iklawn (	of Disposition place   Cemet	sition/Ne cery name ai	O ADDRE	SS OF FA	CILITY AS FU	Bal	Ltimo	ore, M	aryland Ritchie
23. PATT I. Enter the canock, or it was a condition resulting in death)	neart failure.	List only one cau a	byo	he deeth. Do h line.	not enter	the mo	de of dy	ing, such	h ea cerd	liac or reapi	ratory an	rest,	Approximate interval Between Onset and Death
Sequentielly list condi- if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inj- thet initiated eventa resulting in death) LAS	ediate ING ury	c		ONSEQUENCE O									
PART II. Other eignific	ent condition	s contributing to	deeth but	not resulting	in the un	nderlying	g cause	given in	Part i.	24a. WAS AN PERFOR	MED?	A CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER? 1 UPS 2 NO	TO MEDICAL	HOSPITAL:	ER/Outpati	ent 3 DOA	OTHEI	R:			a Chher				
27. MANNED OF DEATH  1 Netural 5  2 Accident	Pending Investigation	28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIM	IE OF JURY M	28c. INJ WO 1 🔲 Y	URY AT RK? 'ES 2	No		CRIBE HOW IN	JURY OC	CURED	
4 Homicide	Could not be detarmined	28e. PLACE O building,	F INJURY — atc. (Specify)	At home, term,	street, faci	tory, office			28t. LOCA City o	ATION (Street a or Town, State)	nd Number	or Rural Roul	e Number,
		CIAN: To the best of R: On the basis of ex											nd menner as stated.
29b. SIGNATURE AND TITLE	M	lanc a	Au	n MD	)		D		IBER OO		29d. DAT	E SIGNED (M	onth, Day, Year)
30. NAME AND ADDRESS O	OK.	COMPLETED CAUS	SE OF OEATH			SUF	DR	341	GI	En C	UR	NIE	WD1

The Day Son Mandale

1992

MONTH TO THE PROPERTY OF

BALTIMORE, MARYLAND 21215-0020	in certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  Include the physician and competent filed in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	it, or removal.  # medical examiner must be notified at once.
DIVISION OF VITAL RECORDS P.O. BOX 68760,	CIAN: The law most early de- ertificate has been shoot by the	be fined within 72 hours after death with the State Lapt. of feath, and will all typese proof to burst, committee, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

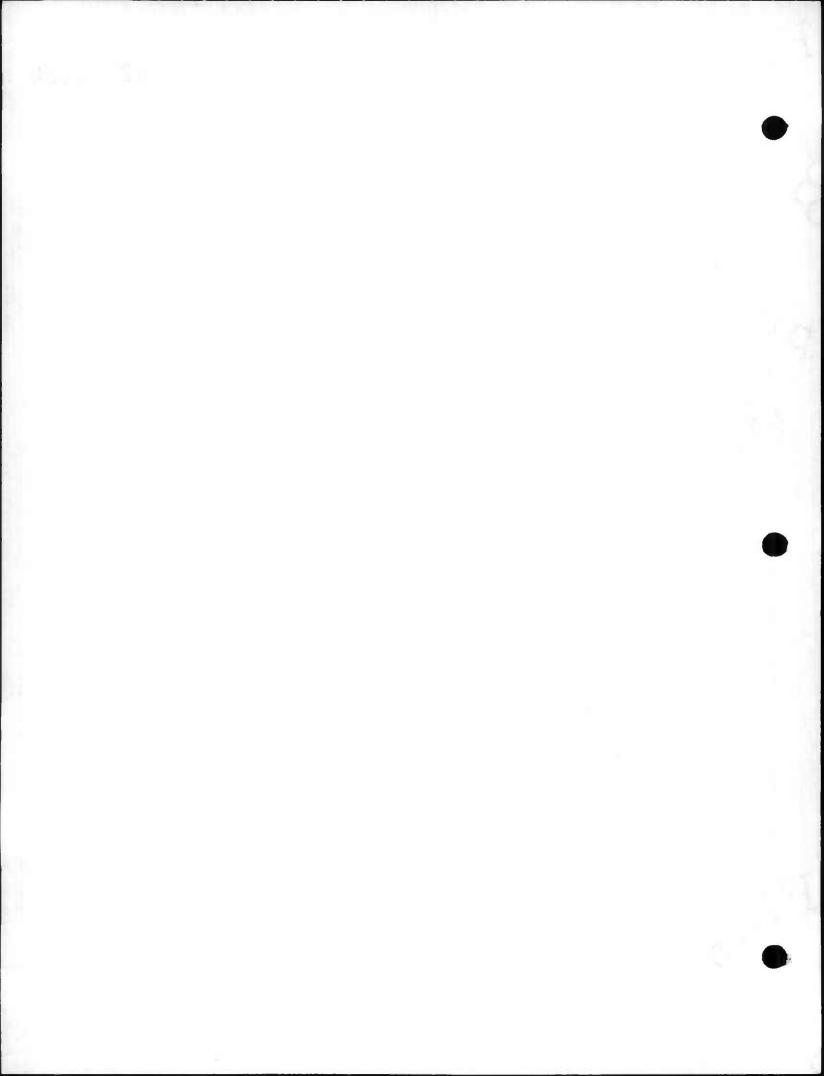
	1 - STATE REGISTRAR	SIAI	E UF MA							IENTAL HYGIENI	E				
	1 DECEMENT'S NAME (First Middle Least)											3. TIME OF DEATH			
	WILLIAM A.	GIBBS	S SR.							MONTH DA		YEAR			
	4. SOCIAL SECURITY NUMBER	5. SEX		. AGE (In yrs. lest	at birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					16 17			5:25 AM M PLACE (State or Foreign		
	220-01-3738	1 反 M		70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Country	y)		
	9a. FACILITY NAME (If not institution	70		9b. CITY	Y. TOWN O	R LOCATI	ON OF DEA	2/9/1922	00 0011		AN CITY, MD.				
E E	208 NORTH PHIL	ADELPHIA	AVE							St. SOUNT OF SEATH					
18	RESIDENCE OF DECEDI			OCE	AN C	LII,	MD.		W	ORCES	STER				
DIRECTOR	10a. STATE 10b.		10c. CIT	Y, TOWN	OR LOCATI	ON					10d. INSIDE CITY LIMITS?				
	MARYLAND W	ORCESTER			OCE	AN C	N CITY, MARYLAND					1 X YES 2 - NO			
\¥	10e. STREET AND NUMBER						101.	ZIP CODI			10g. CITI	ZEN OF W	HAT COUNTRY?		
H	208 NORTH PHIL	ADELPHIA	AVE.				2	21842	2						
FUNERAL	11. MARITAL STATUS		DECEDENT	YES 2 N	4ED	13.	WAS DECE	NDENT O	F HISPANI	C ORIGIN? (Specify Yea	- American Indian, White, etc.				
BY F	1 Never Married 2 Marri 3 Wildowed 4 Divorced	led IF YE	S, GIVE WITH	OR DATES	0		1 Yes, spe			Puerto Rican, etc.)		Specif			
			WW I								WI				
COMPLETED	(Specify only high	T'S EDUCATION est grade completed)		(Gh	e kind of a	work done	CCUPATIO during mos		g	166. KIND OF BUS	NESS/INC	USTRY			
٦	Elementary/Secondary (0-12)	College	(1-4 or 5+)			retired.)									
×	17. FATHER'S NAME (First, Middle,	/		IDIST	RIC	MAN	AGER			ELECTRI					
	WILLIAM T. GI	•								E (First, Middle, Malden S	Surname)				
8E	19a. INFORMANT'S NAME (Type/Pr			-						UNTING					
2	VIRGINIA B. G	•								ute Number, City or Town					
	20a. METHOD OF DISPOSITION	TDDS		[20	8 NC	KTH	PHIL	ADEL	PHIA				MD. 21842		
	1X Burial 2 - Cremation 3		Stata	20b. PLACE AS cemetery, crem	nd DATE	ther place)	SITION (Nan	ne of		1		City or Tov			
	1A) Burlal 2 Cremation 3 Ramoval from Stata    Commeter, Crematory or other place														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HASTINGS FUNERAL HOME														
	beth !	SELBYVILLE, DE.													
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiratory arrest,  Approximate														
	IMMEDIATE CAUSE (Final Onset and Daeth														
	disease or condition resulting in death)														
	DUE TO (OR AS A CONSEQUENCE OF):														
N N	Sequentially list conditions,														
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING														
[윤	CAUSE (Disease or Injury	<u>-</u> - ۱	DUE TO IO	R AS A CONSEQU	IENCE OF	Dr.									
Ē	that initiated eventa resulting in death) LAST			, // 00/100	Jenoe Or	*							i l		
S	<b>C</b> 4														
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PINDINGS														
8	PERFORMED?  AMAILABLE PRIOR TO COMPLETION OF CAUSE														
ME				0	- 5	)							OF DEATH?  1 YES 2 NO		
										_					
PHYSICIAN	25. WAS CASE REFERRED TO MED EXAMINER?						28. PL/	CE OF DE	ATH (Chec	k only one)					
S	1 TYES 2 NO	1 Inper		R/Outpatient 3	DOA	OTHER	R: sing Home	5 TRat	sidence 6	Other (Specify)					
표	27. MANNER OF DEATH		28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?							URED					
BY I	Natural 5 Pendir	ng Igation	, , , , , , , , , , , , , , , , , , , ,		1110	М		S 2 _	NO						
	3 Suicide 6 Could		PLACE OF It building, etc	NJURY — At hom	e, farm, s	treet, fact	ory, office		- 1	28f. LOCATION (Street an City or Town, State)	d Number	or Rural Ro	oute Number,		
	4 Homicide determ	nined								City or lown, State)					
12	29a. CERTIFIER (Check only	G PHYSICIAN: To th	e best of my	knowledge, deat	h occurre	d at the ti	lme, date e	nd piaca,	and due to	the cause's) and manner as stated					
COMPLETED															
U U	29b. SIGNATURE AND TITLE OF C			-		_			NSE NUMB				(Month, Day, Year)		
00	Culline	ITan	\	M. W			1	15	1/0	725	▶ \	1 ,2	193		
5	30. NAME AND ADDRESS OF PERS	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	CONSTANTE TAN SUN-D RIVERSUND Dr Solisbury MD 21801														
1/	NOV 1 3 190	32 ful	EGISTBAR'S	SIGNATURE	100					0					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

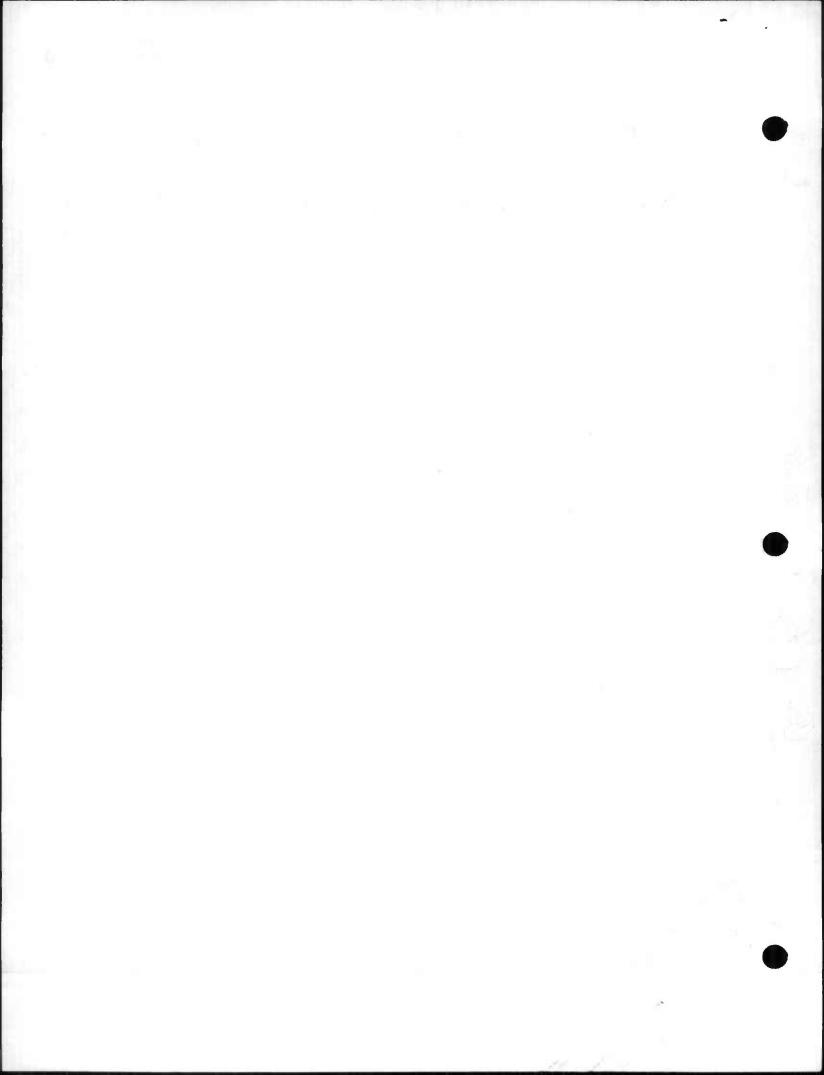
	REGISTRAN			LHITI	AILU	F DEATH	H	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Leat)  2. DATE OF DEATH MONTH DAY YEAR										TIME OF DEATH		
	Anna	Victor:	ctoria Greiner						2. DATE OF DEATH DAY YEAR 11 15 1992				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		F UNDER 1 YEAR		7. DATE OF E (Month, De	HTRI		8. BIRTHPL Country)	ACE (State or Foreig	DO A M  THE OF FOREIGN  THE STY  THE ST	
	166-07-5618	t   M 2   XF	87	YRS.	ONTHS DAYS	B HOURS MIN.	02	13 1	1905		ron		
_ 3	9a. FACILITY NAME (If not institution, give	street and number)	Th	e 1	b. CITY, TOW	N OR LOCATION OF D	EATH		9c. COU	NTY OF DEAT	21657  wn, State  21629  Approximata interval Between Onset and Death  Were Autopsy Findings Amarable Prior to Completion of Cause of Death?  1 Yes 2 No		
OR	Meridian Nursi	na Cente			Eas	ston				Talbo			
5	RESIDENCE OF DECEDENT			_								OO A M  ate or Foreign  DE CITY TS?  3 2 □ NO  NTRY?  Can Indian, c.  i a n  6 5 7  a rylan  6 2 9  Proximata  rival Between bet and Death  TOPSY FINDINGS  PRIOR TO  OO TOPSY FINDINGS  PRIOR	
DIRECTOR	10a. STATE 10b. COUNT			10c. CITY,	TOWN OR LO					10			
		albot_				Queen	Anne			12	XYES 2 NO		
M	10e. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN OF V				
FUNERAL	Main Street					21657				U.S.A	<i>\</i> •	OO A M  ate or Foreign  DE CITY TS?  3 2 □ NO  NTRY?  Can Indian, c.  i a n  6 5 7  a rylan  6 2 9  Proximata  rival Between bet and Death  TOPSY FINDINGS  PRIOR TO  OO TOPSY FINDINGS  PRIOR	
בַּ	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. A		13. WAS D	ECENDENT OF HISPA specify Cuban, Mexic	UNIC ORIGIN? (S	pecify Yes	or No-	14. RACE	American Indian,		
BY I	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W				ES Z NO Speci		i, witc.j		Specify:			
					1					Cauc	casian		
ETED	15. DECEDENT'S EDU (Specify only highest grad		(4	ECEDENT'S US Give kind of wor	k done during	ATION most of working	16b. KIN	O OF BUS	SINESS/IND	DUSTRY			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+	,	b. Do NOT use i									
COMPL		None	P	astry	Bake	er		Rest	aur	ant	_		
ပ္ပ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	CONTRACTOR OF STREET						
BE	Joseph	Greine	er			Ka	theri	ne	Bri	11			
2	19a. INFORMANT'S NAME (Type/Print)					et and Number or Rural							
	Mary Greiner			PO Bo	x 326	5, Queen	Anne	, Ma	aryl	and	21657		
	20a. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Ren	novel from State	20b. PLACE	AND DATE OF remetory or othe	DISPOSITION	(Name of	DATE	20c. LO	CATION —	City or Town,	State		
	4 Donation 5 Other (Specify)		Gree	nmoun	t Cen	netery	11/1	в ні	ills	boro,	Mary1	an	
	4 Donation 5 Dotter (Specify)  Greenmount Cemetery 11/18 Hillsboro, Mar  21. SIGNATURE OF DOTE IN TRYICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Moore Funeral Home, P.A.												
	104.0S	1/.	1, -	0								A M  A M  Downson	
	23. PART i. Enter the diseases, Dr	complications that	KISTL	Lath Da and	IDrav	wer B, D	enton	, Ma	aryl	and			
ICATION	immediate cause (finel disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	(OR AS A CONSE	EQUENCE OF):	any	1 arrest							
CERTIFI	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST												
	PART II. Other aignificent condition	ns contributing to	death but not	resulting in	the underly	ring cause given in	Part I. 24	. WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDI	NGS	
Cerebroxes wells insuffreency 1 yes 2 NO									CC	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ :											20 20		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C)	heck only one)					_	
잃	EXAMINER?	HOSPITAL:	ED/Outpatient	3 D DO4	THER:	area area area area		95.					
Ë	27. MANNER OF DEATH	28a. DATE OF		28b. TIME		lome 5 Residence	28d. DESCRI		H IHEN OC	CUBED		_	
۵	1 Natural 5 Pending	(Month, De		INJUF	Υ	WORK?	280. DESCRI	BE NOW II	NJUNI OC	CORED			
	2 Accident Investigation	260 PLACE OF	F INJURY — At h	ome form et-									
유	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	ome, rem, ser	ret, raictory, or	ille		wn, State)		Number or Bural Route Number,			
OMPL	(Check only one)  2 MEDICAL EXAMIN	ER: On the best of									nd manner ea state	ıd.	
BEC	29b. SIGNATURE AND TITLE OF COMMI	11004	ND			29c. LICENSE NU	MBER 1 5937	7	29d, DAT	E SIGNED (M	orith, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	SE OF DEATH (ITI	EM 27) (Type, P		1 V L	105	フ	1/6	11.10	10	_	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	70 md = 00		25/ou,	rn)	4	1601				
	MOV 17 '92	guna	R'S SIGNATURE	Marianese							4:00 A PLACE (State or Foreign ) CON EATH  OOT  10d. INSIDE CITY LIMITS? PCRYES 2 \( \) NO  HAT COUNTRY?  A.  American Indian, White, etc.  CASIAN  21657  WIN, State  O, Maryla  21629  Approximata interval Between Onset and Dea  WERE AUTOPSY FINDING MALABLE PRIOR or CAUSE OF DEATH?  1 YES 2 \( \) NO  Dute Number,  and manner as stated.		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



		1	FOR STATE REGISTRAR		STATE OF MAI	RYLANI	D / DEPAR	TMENT CATE	OF H	EALTH AND DEATH	MENTAL	HYGIEN	_		
		11-11	DECEDENT'S NAME (First,	Middle, Last)	RICHARD W. Grier						2. DATE MONTH	TIME OF DEATH 2:46 PM			
-		ľ	577 - 07 - (		SEX 6.		3 YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	NOV. 1 DE BIRTH Day, Year) . 15,		BIRTHPLA Country)	CE (State or Foreign
2, 3 should	0 <b>.</b>		HOLY C	1 220	apd number)	0		96 GIY,	UL)	CORTION OF D			Sc. COUNTY	OF DEAT	MIRV
permit, Pages 1,	DIRECTOR		Maryland	10b. COUNTY  Montgor	nerv		1111000	tonsv			J			V	d. INSIDE CITY LIMITS?  XYES 2 NO
100	FUNERAL		3012 Spence				Dar	001101	101.	. ZIP CODE			U.S.A	OF WHA	T COUNTRY?
-AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit	BY FUN	1	1. MARITAL STATUS  Never Married 2 1  Widowed 4 1 Divor	Married	FORCES? 1 THE WORLD	YES 2 OR DATES	☐ NO	If:	yes, spe	ENDENT OF HISPA ecity Cuban, Mexico 2 14 NO Special	en, Puerto F	? (Specify Yellican, etc.)		RACE — Black, W Specify:	American Indian, This, etc. White
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial	LETED			DENT'S EDUCATI highest grade com	ON spleted) college (1-4 or 5+)	16a	Give kind of vi	ork done du nettred.)					SINESS/INDUS	TRY	
AND the hosp detached	ONCE.	ŀ	7. FATHER'S NAME (First, Mic	idle, Last)	3		Audito	<u>r</u>		18. MOTHER'S NA			nery Co	unty	'
MARYL retained by 5 should be	W		Robert Gries		Anna 19b. MAILING ADDRESS (Street and Number or I						Smith	ner City or Tou	on State Zin Co	del	
	be notified TO BE		Elizabeth B	. Weber						Court, Da					)
IMORE, IMORE, I director, page	must		to METHOD OF DISPOSITION		from State	cemetery	ce and date of commentary or of Cem	r DISPOSIT	TION (Nai	me of	11/2		CEONSIZE		State Maryland
ALT ALT	medical examiner must	2	1. SIGNATURE OF FUNERAL	SERVICE LICENS	Danie .	1	ξ.	22. N. Do	nal	dson Fur	our neral	Home,	P.A.		and 20707
is at	event, the medical		23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)	art Yallurd, List	only one cause	on each	line.	ot enter t	he mod	de of dying, suc	ch as card	lac or resp	Iratory arrest	,	Approximate interval Between Onset and Death
O. BOX 68:	The thumstic		Sequentially list condition of any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or injurithst initiated events resulting to death). LAST	late IG y c	DUE TO (OR AS A CONSEQUENCE OF):  C  DUE TO (OR AS A CONSEQUENCE OF):										
G. 1	5		resulting in death) LAST	d											
F VITAL RECORDS SICIAN: The law requires that the certificate has been signed by the	shows any inju	.4	PART II. Other significer ATRIA CENCB	FIB	ontributing to des	7/01	1,00	mon	//C	cause given in	Part 1.	24a. WAS AN PERFOR	RMED?	AM CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
VITAL F NAN: The law rifficate has be	ed, or Item 23 s PHYSICIAN:	2	5. WAS CASE REFERRED TO EXAMINER?		OPATH	7_				ACE OF OEATH (C)	neck anly one	»)			
OF VIT	HYSIC	2	1 YES 2 NO		OSPITAL: tnpetient 2 ER 26e. DATE OF INJ	URY	R 3 DOA			e 5 Residence			INJURY OCCUR	ED	
O \( \frac{1}{2} \)	marked BY P	į	I Constitution	ending rvestigation	(Month, Day, 1		INJ	JRY M	1 🗌 Y	RK7 /ES 2 NO					
DIVISION OR ATTENDING F	28 L			could not ba etarmined	26a, PLACE OF IN building, etc.	(Specify)	t nome, rarm, s	ireet, factor	y, office		City o	ATION (Street or Town, State)	and Number or I	Rural Route	) Number,
DI SPITAL OR NERAL DIRI	5 9 1	2	anel		N: To the best of my									suse(a) an	d manner as stated.
TO THE HOSPITAL TO THE FUNERAL	MPORTANT: If II	L		unic	An	un	to	N		29c. LICENSE NUI	MBER 33		29d. DATE SI	GNED (MO	onth, Day, Year)
25		L		SGRU		JU	ITE (Type	Print) 07,	5	ILUER	5P1	rine	MO	20	904
- Ive	7	3	1. DATE FILEO (Month, Day, N	bar)	32. REGISTRAR'S		ndo do	7							
			1107	4		1			-						DUMBIL AS Don AN

DHMH-16 Rev 1/89



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH											
	Thomas Melvin Grinder Nov. 18, 1992 11:10 A	М										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdley) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign											
	218-09-2562 132 M 2 D F 76 YRS. MONTHS DAYS HOURS MIN. (Morith, Dilly, Year) Country) December 15, 1915 Maryland											
	9s. FACILITY NAME (if not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH	_										
E	Physicians Memorial Hospital LaPlata Charles											
DIRECTOR	RESIDENCE OF DECEDENT											
R	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
	Maryland Charles Marbury 1□ YES 2 万NO											
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											
剪	Bullet Neck Road 20658 U.S.A.											
2	11. MARITAL STATUS  12. WAS DECEDENT, EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—  14. RACE — American Indian, Black, White, atc.)											
ВУ	IF YES, GIVE WAR OR DATES  1 YES 2 X NO Specify: Specify:											
	15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY	_										
Ш	(Specify only highest grade completed) (Give kind of work done during most of working											
ا ۲	Elementary/Secondary (0-12) College (1-4 or 5+) Ordinance Driver U.S. Government											
COMPLETED	t7. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surrame)	_										
	T. Earl Grinder  Minnie E. Rison											
BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	_										
2	Dorothy G. Golden Rt. 1 Box 84, Marbury, Maryland 20658											
		_										
4	20s. METHOD OR/DISPOSITION 1 Burlel 2 A Cremation 3 Removal from State 4 Denetion 5 Other (Specify)  Lee Funeral Home  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Lee Funeral Home  Clinton, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	-										
	Williams Funeral Home											
	Rt. 225 & GlymontRd., Indian Head, Md.											
	23. PART I. Enter the discess, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	n										
	IMMEDIATE CALISE (Fine)											
	disease or condition resulting in death) . Head and neck concer gears											
	DUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentisity list conditions,											
CERTIFICATION	if sny, leading to immediate  couse. Enter UNDERLYING											
0	CAUSE (Disease or Injury C.											
Ē	that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
빙	d	-										
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  24b. WERE AUTOPSY FINDINGS ANIABLE PRIOR TO	3										
5	1 U YES 2 NO OF DEATH?											
밀	1 U YES 2 NO											
2												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
Sic	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Oulpetient DOA 4 Nursing Home 5 Realdence 8 Other (Specify)											
Ϋ́	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 18JURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED INJURY	_										
ВУ	Netural 5 Pending 2 Accident Investigation  M 1 YES 2 NO											
	2 Accepted 3 Suicide 8 Could not be 286. PLACE OF INJURY — At home, farm, street, factory, office building, sic. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	_										
E	4 Homicide distarmined											
ا ۲	29s. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN: To this beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
COMPLETED	one)  MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated.											
	29b. SIGNATURE AND TITAE OF CERTIFIER ( 29d. DATE SIGNED (Month, Day, Year)	_										
H	-M +ch Charle Co Opuly ME D-27348 1/189											
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	_										
	Howard M. Haft, MD, 4F Industrial Park Drive, Waldorf, Md. 20604											
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	_										
	MOV 20 '92 Julia Davidson-Randale											

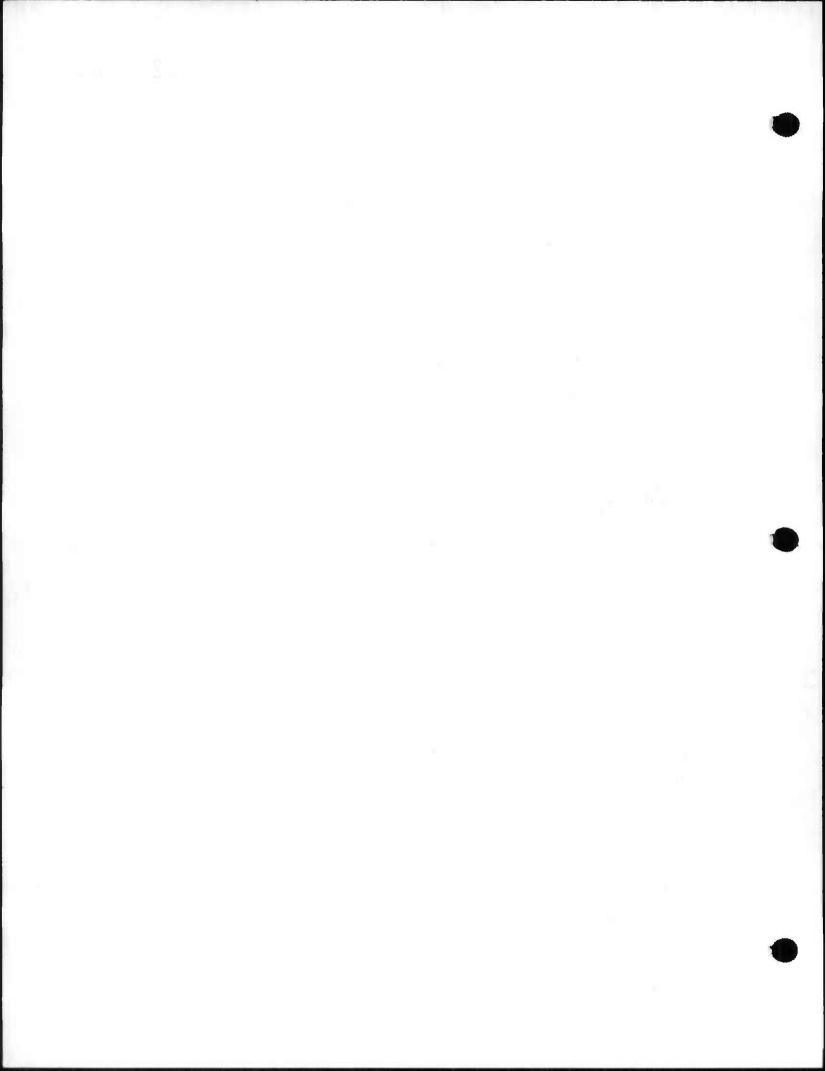
detached for use as the bunal-transit permit. Pages 1, 2, 3 should the hospital or attending physician.

KLAND 21203-3146 BALTIMORE,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 status after death. Page 6 man TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must

**OHMH-18 Rev 1/89** 



ate be executed within 24 hours after death. Page 6 may be retained	ysician and completely filled in by the funeral director, page 5 should prior to burial, cremation, or removal.	traumatic event, the medical examiner must be notified
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law continued the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR; After this certificate has been from in the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Date of the contraction of removal.	IMPORTANT: If Item 28 is marked, or Item a strown any ajury, or other traumatic event, the medical examiner must be netified

		1 - STATE REGISTRAR		SIAIE UF I		CERTIF					MENTAL HYGIEN REG. NO.	_		
		1. DECEDENT'S NAME (First,	Middle, Last)					- 0	JEA.		2. DATE OF DEATH	_		3. TIME OF DEATN
-		CONSTANCE			GROSS	3					11 22		992	1830 M
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNI	PLACE (State or Foreign
		214-26-7740	0	1 ☐ M 2 🂢 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	May 23, 1	920	Country	ryland
		Sa. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY	TOWN OF	LOCATI	ON OF DE			NTY OF DE	
15	5	CALVERT MEM	ORTAL.	HOSPITAL			PRI	NCE	FREI	ERIC	K, MD	CAL	VERT	COUNTY
18	3	RESIDENCE OF DEC	10b. COUNT	101		10c CIT		R LOCATIO						
1 9	DIRECTOR	Maryland	Cal	vert		1000 011	_	sby						10d, INSIDE CITY LIMITS?
- 1		10e. STREET AND NUMBER	Cal	VELL			Du		ZIP COD	F		100 CIT		1 YES 2 HO
18	FUNERAL	12709 Sound	dine &	Olivet 1	Rđ.				206				USA	
		11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DECE			IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian.
	- 41	1 Never Married 2		FORCES? 1				yes, spec			, Puerto Rican, etc.)	Mrseed I		, White, etc.
	184	3 Widowed 4 Divo							X					Black
ļ	EIEU		EDENT'S EDU y highest grade		16a.	(Give kind of	work done o	CCUPATION during most	t of workin	ng	16b. KIND OF BUS	SINESS/IN	DUSTRY	
1 2	וי	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	III. Do NOT u	omes	tio						
once.	2	17. FATHER'S NAME (First, MI	Iddle Leet				Oilles		40 1007	15010 1111	RE (First, Middle, Maiden	. 0		
at o		Fran		Gro	SS				18, MOII	_	arrie	Sumame)	Pos	ney
De la	9	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS	(Street and	d Number		oute Number, City or Tow	n State 7in		ney
notif	2	Thelma Gra	a v								, Maryland			
9		20. METHOD OF DISPOSITI	ON	- /ND2-4-5-2	20b.PLA	CE AND DATE	OF DISPOS	ITION /Nam	ne of				City or Tov	vn, Stata
E		2 A Burial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	(Specify)	oval from Stata	Eas	crematory or o	her place)	Cem.		11	/28/92			
Julia		21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE			22.	NAME AND	ADDRE	SS OF FAC	Sewell	Fune	ral H	Home
ехэц		Spen	cers	8	lle		14	451 I	are	s Bea	ach Rd. Pr	ince	Fred	1.,MD 20678
or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the di			t coused the	death. Do								Approximata
E E		ahock, or he IMMEDIATE CAUSE (Fin	eart fallure.	List only one cau	ise on aach i	line.								Interval Between Onset and Death
ŧ		disease or condition resulting in death)	<b>→</b>	CAL	2 D1	AC.	T	7R	RE	TT				201
Ven	ı	resulting in death)	•											1.
2 3	ξ	Sequentially list conditi		ACU	TE	AI	TI	ERI	OR	W	ALL			
E I		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  YO CARDIA ( INVESTIGATION)												
1 to	3	CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):												
or other traumatic		resulting in death) LAST												
5 6	u II		-	d										-
aluny.	ŧ	PART II. Other algnifice									Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	3	Smonlin	DOLL	apendo	me 1	) (ale	ele	146	lli	lu,	t 🗆 YES 2			COMPLETION OF CAUSE OF DEATH?
星人	Ĕ	E85enle	el_	Dly	zalen	n								1   YES 2   NO
1	i I	congre	ine	حقالا	n I-	rail	ene							
CICIAN S	2	25. WAS CASE NOFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			OTHER		CE OF D	EATH (Che	ok anly one)			
od, or	2	1 YES 2 NO		1 D Inpatient 2 D		28b. TIM				sidence (	☐ Other (Specify)			
		1 Netural 5 1	Pending	(Month, D			URY	26c, INJUI		1 80	284. DESCRIBE HOW I	AUDRY OC	CUHED	
TE TE	_ #	3 C Suiste	Investigation	28e. PLACE O	F INJURY — AI	home, tarm,	street, fects	(-ATT.)/3		1 110	28f. LOCATION (Styles a	and Number	or About the	was Mundar
28 is	J I	Company of the Compan	Could not be determined	building,	etc. (Specify)			netkom to			City or Yours, State)			
tem 2	4	29a, CERTIFIER	IFYING PHYSI	CIAN: To the heat of	mu komuladaa	diab accom	-1 -1 -1 -1	44	_4 -4 -		to the cause(a) and men			
ANT: If Its											io the cause(a) and men ime, date and placa, an			and manner as stated
NE C	- 11	29b. SIGNATURE AND TITLE								NSE NUM				
IMPORTANT: If Item	ō	ATMW	nd.	MDE	II Con	Dag f	Chun		A LICE	S L	127	29d. DAT	/ / 1	(Month, Dey, Year)
≥ P	2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH (	TEM 27) (Type	Print/			, )	~ /	-	1	2112
4				MUNSHI, N		71.75		RINCE	FRI	EDERI	ICK, MD 2	0678		
		31. DATE FILED (Month, Day, 1	Ybar)	32. REGISTRA	R'S SIGNATUR	E . 00								
		NOV 25	1992	gelia David	won-Han	MADE								

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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burlat-transit permit. Provide.	il examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death confidence the majority and the majority and attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been algoridate attending systems and companies and property from an analysis and the property of the prop	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury or other traumatic event, the medical examiner must be notified at once,	TO BE COMPLETED BY PHYSICIAN: MEDICAL DERTIFICATION

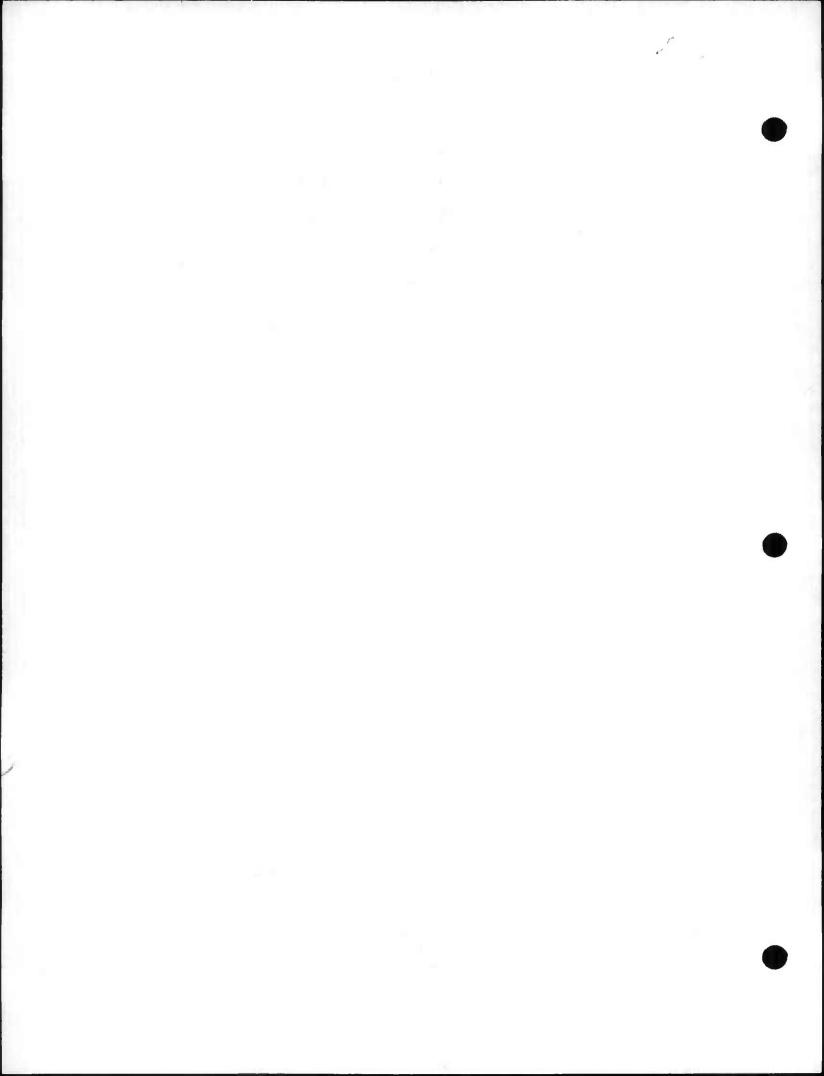
Item #23a, 27,28a	abcdef, FilmG6	94 12/	1/92 ka	am			92	3355	- Ω		
FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF H	EALTH AND		t	2 4		) ()		
1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. NO	_					
Jesse	Ovilla		C	h 7 4-	MONTH D	YEAR	3. TIME OF DEATN				
	Ovilla Guilbault  S. SEX 6. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   F UNDER 24 HMS.				11 12 7. DATE OF BIRTN	19	92	6:50	AN		
221-40-7136	₹X M 2 □ F 38	YRS.	MONTHS DAYS	HOURS MIN.	JAN 4 19	54	Country) RHOI	DE ISL			
	9e. FACILITY NAME (If not institution, give street and number)				ATH	9c. COU	NTY OF DEA	ATH			
209 Shelton Language Presidence of December 106. STATE 106. COUNTY MARYLAND CECT	ne.		Risir	ig Sun		Ce	cil				
MARYLAND CEC	ГТ		Y, TOWN OR LOCA					LIMITS?			
	- 1.1		RISING			and the second		YES XX	40		
106. STREET AND NUMBER 209 SHELTON LAN 11. MARITAL STATUS 1. Marital STATUS	NE		10	21911		10g. CIT		SA			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Revised	1 Never Married 2 Married FORCES? 4/2 YES 2				HIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No—	Black,	- American India White, etc. WHITE	n,		
15. DECEDENT'S EDUCA	TION 164	DECEDENT'S	USUAL OCCUPATION	16b, KIND OF BU	CIMECO /IM	DIETOV					
(Specify only highest grade or Elementary/Secondary (0-12)	(Specify only highest grade completed)			st of working							
12		SIDING	G/ROOF	CONTRAC	CTOR BU	IILD	ING				
17. FATHER'S NAME (First, Middle, Last) OVILLA R. GUII	LBAULT				ME (First, Middle, Melden	,	HEON				
10- INFORMANT'S NAME (Tro-(Driet)		19b. MAILING	ADDRESS (Street a		Poute Number, City or Tow						
7	BETHLY M. GUILBAULT 194 W. RED HILL ROAD, CONOWINGO, MD 21918										
20s. METHOD OF DISPOSITION  1  Burtal 2 Cremation 3  Remov  4 Donation 5  Other (Specify)	al from State 20b. PLA	ACE AND DATE	of disposition (National Property of the Chapter)		OATE 200. LO		City or Town				
21. SIGNATURE OF FUNERAL SERVICE LICE				D ADDRESS OF FA			THOTI	JI, IA			
1	1				FUNERAL	HOM:	Ε				
- Topac	-/		RISI	NG SUN	MARYLAN	ID					
IMMEDIATE CAUSE (Final disease or condition	mplications that caused the at only one cause on each Acute_Narco	line.			h aa cardiac or reapi	iratory ar	reat,	Approxima interval Be Onset and	tweer		
DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate										
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COR	NSEQUENCE O	F):					-			
resulting in death) LAST											
PART II. Other significant conditions Asthma, Atheroscl  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH				A CONTRACTOR OF THE PARTY OF TH	Part I. 24a. WAS AN PERFOR	MED?	0	VERE AUTOPSY FIN MAILABLE PRIOR T COMPLETION OF CA OF DEATH?	AUSE		
					_		_   _ '	YES 2   N			
25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF DEATH (Ch	act only one)						
EXAMINER?	HOSPITAL:		OTHER:								
27. MANNER OF DEATH	28a. DATE OF INJURY	26b, TIM			6 Other (Specify)						
	(Month, Day, Year)	INJ	URY	RK?	28d. DESCRIBE HOW I	NJURY OC	CURED				
2 Accident Investigation	11/12/92	6:33		AA	unknown						
	26e. PLACE OF INJURY — A building, etc. (Specify)	Al home, farm,	street, factory, offic	•	26f. LOCATION (Street ( City or Town, State)						
	Found: hom	ie.			209 Shelto	on La	ne,Ri	sing Su	n,		
29a. CERTIFIER 1 CERTIFYING PHYSICI.	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
one) 2 MEDICAL EXAMINER:	On the basis of examination end							and manner es sta	Hed.		
	Λα			29c. LICENSE NUN							
No	1) (1. A	4.0		O.C.M.	1						
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type	Print)	O.C.FI.			/ L	111772			

Penn Street, Baltimore, Maryland

32 HE MATTAR'S EIGNATURE Jandell.

31. DATE FILED (Month, Day, Year)
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HEAL	TH AND ME	NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	MARIE		HALL		DATE OF DEATH MONTH DA	y ye	3. TIME OF DEATH 2 1:13 A <sub>M</sub>		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)		PROER 24 HRS. 7.	DATE OF BIRTH (Month, Day Mar) 1	978	Maryland		
OR	96. FACILITY NAME (If not institution, give s HOWARD COUNTY	*		COLUMBIA		1	9c. COUNTY OF DEATH HOWARD COUNTY			
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland Howa		10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY		
	Maryland Howa 100. STREET AND NUMBER			10f. ZIP	CODE	_	1 YES 2 NO			
FUNERAL	6831 Santa Ma	ria Ave.,	II & ADMED		0777			S.A.		
₽	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	25 NO	If yes, specify	Cuban, Mexican, P NO Specify:	ORIGIN? (Specify Yes tuerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of won life. Do NOT use n	t done during most of v stired.)	vorking	16b, KIND OF BUS	HNESS/INDUST	яу		
Щ	17. FATHER'S NAME (First, Middle, Last) Michael J. Hall			G	loria K					
TO E	19a. INFORMANT'S NAME (Type/Print)  Michael J. Hall			Santa Mar						
must o	1   Rurial 2 7th Crametion 2   Damount from Ctate							- City or Town, State sville Md.		
examine	21. SIGNATURE OF FUNERAL SERVICE LIE	1 1-0	r Funeral F ia PikeEl							
dar, ne nedica	23. PART I. Enter the discesses, Dr. shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Examplications that caused to List only one ceuse on each second	ine.		f dying, such s	s cardiac or respi	ratory srrest,	Approximate interval Between Onset and Death		
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):									
¥ I	PART II. Other significant condition	e contributing to deeth but	t not resulting in	the underlying cau	ise given in Par	t I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC						1, XYES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 XYES 2 \( \square\) NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		THER:	OF DEATH (Check					
PHYS	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WORK?		Other (Specify) d. DESCRIBE HOW II	JURY OCCURE	Possenger in		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specif)	y)		2 NO 26	1. LOCATION (Street e City or Yown, State)				
COMPLETED		CIAN: To the bast of my knowled		it the time, data and p	place, and due to t	/ 10		iryland		
COM	one) 2 MEDICAL EXAMINE	R: On the basis of examination a						use(e) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIED	ight M.O.			C.M.E			MED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WH DONALD G. WRIG			n Street			a			
	31. DATE FILED (Morith, Day, Year) NOV 1 9 92	32. REGISTRAR'S SIGNAT	TURE	Diffeet	. Dall	THIOLE.	Maryl	and 21201		
	NULL A / UL	7						DHMH-16 Rev 1/89		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The programment marked to confide the executed within 24 hours after death. Page 6 may be retained by the hospital or a			

	1 - FOR STATE REGISTRAR	TATE OF M	IARYLA	ND / DEPAI CERTIF					MENTAI	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	-								OF DEATH			3. TIME OF DEATH	
	GENERAL ALBER	T HINE	S						NOV	EMBER	4.	1992	8:30 a m	
		SEX	6. AGE (II	r yrs. last birthday)			IF UNDER		7. DATE	OF BIFTTH		8. BIRTI	IPLACE (State or Foreign	
- 8	216-09-5633	M 2 D F	8	3 YRS.	MONTHS	DAYS	HOURS	MIN.	2	8-19	909	Vinginia		
_ 5	Sa. FACILITY NAME (If not institution, give street in	and number)			9b. CITY, TOWN OR LOCATION OF DEATH						9c. COL	UNTY OF D	EATH	
OR	DEER'S HEAD CENTER		SAI	LISBU	JRY				WI	COMIC	00			
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			L top. Cr	ry, town (									
H													10d. INSIDE CITY LIMITS?	
_	Maryland Wicom  100. STREET AND NUMBER	100		Di	alis	7	ZIP CODE				l de la constant		1 YES 2 NO	
RA						-	1801					S.A	WHAT COUNTRY?	
N.	RFD 1  11. MARITAL STATUS 12.	WAS DECEDENT	EVED IN	II S ADMED	1 42				nc omon	7 (Specify Ver				
E.	1 Never Married 2 Married	FORCES? 1	YE\$	2 NO		If yes, sp	ecify Cube	n, Mexica	n, Puerto I	ican, etc.)	or No—		E American Indian, k, White, etc.	
BY	3 Widowed 4 Divorced	169		1 U YES	2 NO	Specify	r:			Spec	Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade company)			16a, DECEDENT'S	USUAL O	CCUPATIO	ON .		16b	KIND OF BU	SINESS/IN	DUSTRY	DIACK	
Щ		ollege (1-4 or 5 +	)	(Give kind of life. Do NOT L	work done se retired.)	aunng ma	st of workin	g						
MP	12			Labor	cer					None	9			
Ö	17. FATHER'S NAME (First, Middle, Lest)									Aiddle, Maiden	Sumame)			
BE (	General Hines						Edr	noni	a M	ason				
10	19s. INFORMANT'S NAME (Type/Print)									oer, City or Tow			<del></del>	
	Betty Johnson			P.O.	Box	89	9 Br	rook	lvn	N Y	11	201		
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Removal	from State	20b.	PLACE AND DATE	OF DISPOS	SITION /Ne	me of		DAT	20c. LO	CATION -	- City or To	own, State	
	4 Donation 5 Other (Specify)	ttage	ACE AND DATE OF DISPOSITION (Name of y, gremetory or other, place) Ttage Grove				0 We	est	Ove:	r.				
	21, SIGNATURE OF FUNERAL SERVICE LICENS	EE		Λ							321	Wes	t Rd.	
	Madyo B.	Stew	カカ	V		lin	tion	F.S	Stew				1.21801	
	23. PART i. Enter the diseases, or companies to the state of the state	olications that only one caus	caused se on ea	the death. Do	not enter	the mo	de of dyi	ng, suci	h as card	lac or respi	Iratory a	rrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition pertition in death)											Onset and Death		
	resulting in death)  a. RENAL FAILURE AND E-LYTE IMBALANCE  DUE TO (OR AS A CONSEQUENCE OF):													
_														
Ö	Sequentially list conditions, If any, leading to immediate													
CERTIFICATION	cause Enter UNDERLYING  ASCVD WITH ATRIAL FIBRILLATION													
E	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):													
E	resulting in death) LAST													
	PART II. Other aignificent conditions co	ntributing to	death bu	it not resulting	In the w	rderbila		diam in	Dard I	24s. WAS AN	Altmoney		WERE AUTOPSY FINDINGS	
CAL	SCHIZOPHRENIA - DIA						l canse /	pren in	rant i.	PERFOR		240	MAILABLE PRIOR TO	
MEDI	SCHIZUPHRENIA - DIA	ADETES	MELL	1105 11	FE I.				-	1 TYES 2	NO X		OF DEATH?	
Σ									- 1				1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL													
2	EXAMINER? HO	SPITAL:		=w	<b>Q</b> THE	Rt:	ACE OF D							
17S	1 VES 2 NO 27. MANNER OF DEATH	28a. DATE OF		rtient 3 🗆 DOA		alng Hom 28c. INJ	e 5 🗆 Re	sidence						
	1 🕞 Natural 5 🗌 Pending	(Month, Da	ly, Ybar)		JURY	WO	ORT AI RK? YES 2	7 400	28d. DES	CRIBE HOW I	NJURY OC	CURED		
BY	2 Accident Investigation	28e. PLACE OF	INJURY .	At home farm	street fac			J NO	284 1.00	ATION (Come)	and Mush	er or Dreet	Dough March	
ED	3 Sulcide 8 Could not be 4 Homicide determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								or Town, State)	BING PRUTTING	W OF FICHER	node Number,		
COMPLET	29s. CERTIFIER						=6744	31/-2						
₩ M	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On													
8		· tre peers or sx	POSTMINE	endor investigati	on, in my (	диноп, а				and place, an				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		_	4.5				NSE NUM	IBER		29d. DA	TE SIGNED	(Month, Day, Year)	
2	11. An	resu	19	MD			D162	/8				111	4172	
	30. NAME AND ADDRESS OF PERSON WHO CO											/	/	
	M. SHRESTHA. M.D  31. DATE FILED (MONTH), Day, Year)  NOV 0 6 1992	DEER'S	HEA	D CENTE	R, S.	ALIS	BURY	, MD	. 21	801				
	ALOVA O'C 1000	SZ HICKS INA	a SIGNA	- Jandell										

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	D	
	1	1. DECEDENT'S NAME (First, Middle, Last)  Stephen	٨		11	wze	2. DATE OF DEATH MONTH	DAY CY	S. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	10	BIRTHPLACE (State or Foreign
ъ	9		1 M 2 D F	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	00	country) land
Should	~	9a. FACILITY NAME (If not institution, give st				OR LOCATION OF D	ATH	9c. COUNTY	
1, 2, 3	DIRECTOR	PENINSULA REGIONA	AL MEDICAL C	ENTER	SALI	SBURY		WIC	OMICO
Pages 1	E S	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
permit. P									1 YES 2 NO
. 1	FUNERAL	10e. STREET AND NUMBER			10	r. ZIP CODE		16g. CITIZE	OF WHAT COUNTRY?
physician burtat-tra		11. MARITAL STATUS  1 Nover Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify W n, Puerto Rican, etc.)	es or No- 14	. RACE — American Indian, Black, White, etc.
Z15-00ZU Wanding physic se as the burtal	B	3 Widowed 4 Divorced	TEO, OIVE WITTON		1 1 163	s 2 Japan	,. 		Specify: BLACK
or attent		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of the	USUAL OCCUPATI work done during mi in retired.)	ON ost of working	16b. KIND OF B	USINESS/INDUS	TRY
N B B		Elementary/Secondary (0-12)	College (1-4 or 5+)				No. ~		
the hospit detached		17, FATHER'S NAME (First, Middle, Last)		None	ž	18. MOTHER'S NA	NO T		
# 8 %		James Howze				Dyan	L	4	Smith
N S S S S S S S S S S S S S S S S S S S		19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		ode)
	-	James Howze	1	P.O.		45 Sali		1801	
		1 Buriat 2 Cremation 3 Remo	oval from State Cer	netery, crematory or of ACE	ther place)	ame of	1	alis.	y or Town, State
		21. SIGNATURE OF FUNERAL SERVICE LIC		Teell W		ND ADDRESS OF FA	CIUTY S	21 We	st Rd.
DALI in safer death. Pa in by the funeral removal.		* Gladys P	3. Stew	art	Clint	ton Tr G			Md 21801
ours after d in by th or remove		23. PART I. Enter the dispases, or c	omplications that cause	d the death. Do r	ot enter the mo	ode of dying, suc	h as cardiac or res	piratory arres	t, Approximate
O DO E		shock, or heart failure. I IMMEDIATE CAUSE (Final	List only one cause on e	-		\			Interval Between Onset and Death
od within 24 ompletely fille		disease or condition resulting in death)	Neonat			witn	/		114.5541
executed within and completely o burial, crematic event, matic event,	_	_	DUE TO (OH AS	A CONSEQUENCE OF	F):		0		
be executed by the control of the co	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):				
0 2 2	S	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	D.				
certicological displaying in the contract of t	RTI	that initiated events resulting in death) LAST	1	- CONSEGUENCE OF	·-				į
death death		PART II. Other significent conditions	s contributing to death i	nut not resulting	In the underlyle	on cause about in	Part I 24- MR A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
- 20 -	EDICAL	The state of the s	ooming to death t	out not resulting	in the underlyin	ig cause given in	PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
quires that signed Health a							1 X YES	2   NO	OF DEATH? 1 □ YES 2 M NO
law requests been of 1	AN: M								
ATTENDING PHYSICIAN; The law required to the state of the	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)		
CLAN:	HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 X Inpetient 2 ☐ ER/Out	patient 3 DOA 28b. TIM		ne 5 🗆 Residence	8 Other (Specify)	IN HERV OCCU	nen.
NG PHYS frer this ceath with marked,	0. ]	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY W	ORK? YES 2 NO	zed, pesonibe now	INJUNT OCCU	VED .
OR ATTENDING IDIRECTOR: After hours after death	ED BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, s	street, factory, offic	DB .	26f. LOCATION (Stree City or Town, State	t and Number or	Rural Route Number,
ATTEN RECTOR: Ins after	ETE	4 Homicide determined			_		ony ar rown, crain		
TAL OR A AL DIRECT 72 hours 11 item	COMPLET	onel	CIAN: To the best of my know						
THE HOSPITAL THE FUNERAL filed within 72 P PORTANT: 11 i	8			on and/or investigation	n, in my opinion,			,	sause(s) and manner as stated.
표 품을 중	BE	296. GIGNATURE AND TITLE OF CENTIFIER		1.110		29c. LICENSE NUI	WBER	29d. DATE S	IGNEO (Month, Dey, Year)  — 以 _ G. 7
6 6 3 <b>X</b>	٤	JG. NAME AND ADDRESS OF PERSON WHO	DOMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	0 30	1000	- "	1-310
	2	William	May	or Y:	Ou	10C £	17: Hord	B. 1	Oll Judille
	d	NOV 0 9 1002	PEGISTRAR'S SIN	- handell				,	0

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P.O. BOX 68760,	TAL OR ATTENDING PHYSIMMENT IN PROJECT IN THE GRAIN CARIFICATE DE EXECUTED WITHIN 24	At DIRECTOR And the Complete to the second of the second o
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MIN	O O	Serie has a
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VISION	R ATTENDING	RECTOR: After
2	DAL O	M. DI

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)			1.1	7	2. DATE OF DEATH			TIME OF DEATH	_		
	FREDERICK	М.			ally	November		9 a	1550	ı		
		SEX 8. AGE (In yrs. Inc	MOI	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLA Country)	CE (State or Foreign			
		<b>X</b> M2□F 77	YRS.			9-28-1			LAND			
œ	9e. FACILITY NAME (If not institution, give stree	,			R LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH	1			
CTOR	PENINSULA REGIONAL	. MEDICAL CENTE	ER L	SALIS	BURY		WICC	OMICO		_		
DIRE	10a. STATE 10b. COUNTY	T.00		OWN OR LOCAT	ION			100	I. INSIGE CITY			
1	MARYLAND WICOM	100	WIL	LARDS				18	YES 2 NO			
FUNERAL	100. STREET AND NUMBER  RT # 1 BOX 161	М		101.	21874		100		COUNTRY?			
NS NS		2. WAS DECEDENT EVER IN U.S. AF	RMED	13. WAS DEC		NIC ORIGIN? (Specify Ye		S.A.	American Indian,	_		
	1 Never Merried 2 Merried	FORCES? 1 YES 2 XI	NO	If yes, spe		in, Puerto Rican, etc.)		Black, WI Specify:	WHITE			
) BY	3/ Widowed 4 Divorced	TO THE OWNER OF THE OWNER			36	,		оросиу.	MUTIE			
TED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (G	CEDENT'S USU live kind of work Do NOT use ret	done during mos	N It of working	16b. KIND OF BU	SINESS/INDUS	TRY				
COMPLET	Elementary/Secondary (0-12) (	College (1-4 or 5+)	DRIV			MAIL	DELTO	TDV				
₩ O	17. FATHER'S NAME (First, Middle, Last)		DICLY	LK	18. MOTHER'S NA	ME (First, Middle, Meiden		ERI		_		
BE C	FREDERICK M. H	ALL		TRUITT	00.110.110,							
1	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)											
5	MARSHALL F. HA	LL P	.O. B	OX 540	5 SELBY	VILLE, M	ARYLA	ND 1	.9975			
	20e. METHOD OF DISPOSITION 1X☐ Buriel 2 ☐ Cremetion 3 ☐ Remova		AND DATE OF DI			al a	CATION CIT			Ī		
	4 Oonation 5 Other (Specify)		LLARD						ARYLANI	D		
	A A A	// 0			D ADDRESS OF FA	DOOND			HOME			
	Suald (	Daunds				IN ST.SA			ID 2180:	1		
	23. PART i. Enter the diseases, or com shock, or heart fellure. Lis	pilications that caused the da t only one cause on each line	isth. Do not e	enter the mod	le of dying, suc	h ss cardiac or reap	iretory arres	t, ]	Approximats Interval Between	er		
	IMMEDIATE CAUSE (Finsi disease or condition	5		-	1 6	-		. 1	Onset and Deat			
	resulting in death)  a. SUDDEN DEATH, Supposed Charling  DUE TO (OR AS A CONSEQUENCE OF):											
z	Samuellally the analytics ( )											
일	Sequentially list conditions, If any, leading to immediate  OUE TO (OR AS A CONSEQUENCE OF):											
5	Cause Enter UNDERLYING CAUSE (Disease or Injury  CAUSE (Disease or Injury  CAUSE (Disease or Injury											
CERTIFICATION	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):											
E	a. Heale promoning											
AL	PART II. Other aignificant conditions of	ontributing to death but not r	esulting in th	na undarlying	cause given in	Part I. 24s. WAS AN PERFOR		100000	E AUTOPSY FINDINGS	\$		
ă	Hecahalist	1				1 🗆 YES 2	NO	CON	PLETION OF CAUSE DEATH?			
M	- HUSTRY L	Compring.	Pre	state	Norder	2		1 [	YES 20 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26 Di	ACE OF OEATH (Ch	ack and and				_		
SICI	EXAMINER?	OSPITAL:   Inpatient 2   ER/Outpatient 3		HER:		6 Other (Specify)				_		
Ϋ́	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJL	IRY AT	28d. OEŞCRIBE HOW I	NJURY OCCUP	REO		_		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(monn, out, nour)	INJUNI	M 1 Y	ES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street	t, factory, office		281. LOCATION (Street of City or Town, State)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ETE												
COMPLETED		N: To the best of my knowledge, de										
S	Z MEDICAL EXAMINER: C	On the basis of examination end/or (	investigation, in	my opinion, de	ath occured at the	time, date end place, an	d due to the c	euse(s) and	manner as steled.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		-		29c. LICENSE NUM	ABER	29d. DATE S	IGNED (Mor	ith, Day, Year)	Ī		
5	30. NAME AND AODRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH #200	M 27) (5mc 2		1398	5/3	1	1/12	192	_		
-	MICHAEL DIKING	MD. DH	10 d	Fact	MARI	St 541	: chan	L MI	21901			
6	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	7	M1)	77 77 13	11 341	17 001	1 1	, –(			
	NOV 1 2 1992 gu	lia Savidson-Randal	2				/					

BALTIMORE, MARYLAND 21215-0020	the majors that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hears has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be to detached for use as the burial-transit permit. Pages 1, 2, 3 should be to detached for use as the burial-transit permit. Pages 1, 2, 3 should be to detached by the artendary burial, cremation, or removal.	PPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ires that the death certificate be executed within	O THE FUNERAL DIRECTOR: After this centrate has been signed by the attending physician and completely filled in by the in- filed within 72 hours after death with the property of Health and Mental Hygiene prior to burial, cremation, or removal.	ws any Injury, or other traumatic event, t
AL P	h	has be	n 23 sh
Ę	90	1	or ite
ONC	THE HOSPITAL OR ATTENDING PHYSIC	THE FUNERAL DIRECTOR: After this cer- be filed within 72 hours after death with me	marked
VISIC	ATTEND	RECTOR: A	n 28 is
٥	PITAL OR	ERAL DIF	T. If Ites
	THE HOSE	THE FUNE iled withir	ORTAN
	2	2 8	Ī

	1 - STATE REGISTRAR	STATE OF M.	ARYLAND /	DEPAR	TMENT	OF H	EALTH	AND N	MENT	AL HYGIEN REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)				- CALL		DEAI			TE OF DEATH			3. TIME OF DEATH
	Kathy	F	₹.		HORSEY				1 11		9 2	11:45 Am	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS.		TE OF BIRTH onth, Day, Year)		BIRTH Count	IPLACE (State or Foreign
	216-90- 8017 So. FACILITY NAME (If not institution, give si	1 🗆 M 2 💢 F	25	YRS.			- 37	100	5-	11-19		Mar	yland
œ			m 07 11				A LOCATIO				9c. COUNT		
6	RESIDENCE OF DECEDENT	MILE WES	T OF W	EST	ROA	AD	SAI	JISE	BUR	Y	WI	COM	IICO
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN C								10d. INSIDE CITY LIMITS?
	Maryland Wic	omico		200	alis								1 YES 2 NO
RA	729 Richmond	Ave-					180						WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT	EVER IN U.S. ARI		13.	WAS DECI	ENDENT O	F HISPAN	IC ORK	GIN? (Specify Yes	or No 1	4. RACE	E — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA		Ю			cify Cuber		ı, Puerl	to Rican, etc.)		Speci	t, White, etc.
0												DIACK	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma.	Do NOT us	se retired.)		it or wonan	g		Non			
MP	17. FATHER'S NAME (First, Middle, Lest)		ע	ome:	stic	4				Non			
	Olden Horsey									t, Middle, Maiden			
8	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street or				Book		Codel	
욘	Patricia Book	er								is Md			
	20 METHOD OF DISPOSITION  1 ABurial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery, crer	natory or o	OF DISPOS ther place)	ITION (Nar			19	TE 20c. LO	cation - co	ty or To	wn, State Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Cott	age	GTC 22.		D ADDRES	S OF FAC	1				
	+ Gladys B	. Stee	vart		Cl	int	on :	F. S	Ste				t Rd. d.21801
	23. PART I. Enter the diseases, or o shock, or heart failure.	complications that	caused the dea	ath. Do r	not enter	the mod	de of dyi	ng, such	as c	ardiac or respi	retory arre	at,	Approximate
	IMMEDIATE CAUSE (Final												interval Between Onset and Death
	resulting in death)  a. HULD PLE C UNS NOT WORKS  DUE TO (OR AS A CONSEQUENCE OF):												
ارا													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEQ	NUENCE O	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C											
R	that initiated events resulting in death) LAST		OR AS A CONSEC	IVENCE OF	r):								i
	DARW II Only a should have a see that	J											
CAL	PART ii. Other significant condition	s contributing to d	leath but not re	suiting	in the un	derlying	cause g	íven in l	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDI									_	1 YES 2	□ NO		OF DEATH?
Σ.									_	l .			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Che	ck only	one)			
SIC	EXAMINER?	HOSPITAL: 1   Inpetient 2	ER/Outpatient 3	□ DOA	OTHER	R: Nng Home	5 🗆 Rei	sidence (	XIX	ther (Specify) W	OODE	D A	REA
F	27. MANNER OF DEATH	28a. DATE OF III (Month, Day	NJURY (, Year)	28b. TIM INJ	-	28c. INJU	JRY AT			ESCRIBE HOW II			
B	1 Natural 5 Pending 2 Accident Investigation		1-1992		М	_	ES 2	NO		SUBJEC'			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, at	INJURY At hor tc. (Specify)										WEST ROAL
LET	29a. CERTIFIER	CIANI. To the best of			DED			25.00		ALISBU			YLAND
COMPLETED	(Check only one) 2 WEOICAL EXAMINE	CIAN: To the best of m R: On the basis of exa											) and manner as stated.
	200 SIGNATURE AND TITLE OF CENTIFIER						29c. LICE						(Month, Day, Year)
) BE	Mayire The	your						C.M		1			2/1992
2	30. NAME AND ADDRESS OF PERSON WHO						-						
1	MANDER D.	1/2 la		1 P€	enn	Str	eet,	Ва	lt	imore,	Mar	yla	nd 21201
4	31. DATE FILED (MONTH), Day, Year) NOV 1 6 1992	Julia Dav		0							1		
	13 0 1 1 1 133C	guna Nav	tason-lan	dell									

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	. 1	- 1					2. DATE OF OEATH	AY	YEAR 3.	TIME OF DEATH	
1	Edith V	Iola	Hou	Nar	d			11 - 1	3- 0	92	(030 A M	
1	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last	- //	F UNDER 1 YEAR	-	ER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign	
1	217-03-8464	1 🗌 M 2 🔯 F	89	YRS.	ONTHS DAYS	HOURS	MIN.		903	Mary	land	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 96						9c. COUNTY OF OEATH		
e l	Caroline Nurs	ing Home				Dent	on			Caroline		
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT			10a CITY I	TOWN OR LO	CATION					od, INSIDE CITY	
	Maryland	Caroline	_	100. 0111,			alsb	ura	LIMITS?			
	10e. STREET AND NUMBER	Ouloiin				10f. ZIP CO			I 10e. CIT		AT COUNTRY?	
¥	D. 120 DE END	a D+	2 Box	3/101		216			- 41	J.S.A		
FUNERAL	Richardson Roz	12. WAS DECEDENT I						IIC ORIGIN? (Specify Ye		14. RACE -	American Indian	
	1 Never Married 2 Married	FORCES? 1 [		0			ban, Mexical O Specify	n, Puerto Ricen, etc.)		Black, V Specify:	Vhite, atc.	
BY	3 № Widowed 4 □ Divorced										asian	
COMPLETED	15. OECEDENT'S EOU (Specify only highest grad	ICATION e completed)	(GIV	e kind of wor	K done during		king	16b. KIND OF BU	ISINESS/INI	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. I	Do NOT use i	etired.) Omema	kor		T	Iome			
\$	8 Yrs.	vone		110	Jiii Ciii a			ME (First, Middle, Malder				
	William Curti	s Andrew				1000		abeth Fra		Poo	10	
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DORESS (Street			Route Number, City or Tox			10	
임	Dorothy L. To	wers						ederals			21632	
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE O	F DISPOSITI					City or Town		
	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	conc		Cemet	ery		11/16	Dent	on, M	aryland	
	21. SIGNATURE OF FUNERAL SERVICE L	CEMBER ) /	1		22 NAME	AND ADDI	RESS OF THE	INERAL	HOA	16, 9	?A.	
	4 Jandos	24.11	00V2		12	5 3	udi	T. DE	uto	nil	1021629	
	23. PART I. Enter the diseases, or shock, or heart failure.			th. Do not	enter the	mode of c	tying, suc	h aa cardlec or reep	olratory ar	rest,	Approximata	
	IMMEDIATE CAUSE (Final										Onset and Death	
	disease or condition resulting in death)	· Seni	le i	)en,	en f	a						
		DUE TO (C	R AS A CONSEO	UENCE OF):								
NO	Sequentially list conditions,	b	R AS A CONSEO	HENCE OF							-	
Ę I	if eny, leeding to immediate cause. Enter UNDERLYING	_									į l	
윤	CAUSE (Diseese or injury that initiated events	OUE TO (C	R AS A CONSEO	UENCE OF):								
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other significant condition	ns contributing to d	eath but not re	euiting in	the underly	dno caus	e given in	Part J. 24s, WAS A	N AUTTOPSY	24b W	ERE AUTOPSY FINDINGS	
FDICAL	Diabe	Ter						PERFO	RMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE	
	Urina	- True	+T.	fe	1.			1 ☐ YES	200 NO		F DEATH?	
Σ.	Compan	7 Anda		iseo				-		1 '	YES 2 NO	
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL		7			PLACE OF	DEATH (Ch	eck only one)				
PHYSICIAN: N	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA 4	THER:	fome 5 🗆	Residence	8 Other (Specify)				
호	27. MANNER OF OEATH	28a. OATE OF III (Month, Day		28b. TIME		INJURY AT WORK?		28d. DEŞCRIBE HOW	INJURY OC	CURED		
8	1 Netural 5 Pending Investigation	(monn, bay				YES 2	□ NO				and the second	
	3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY — At hor c. (Specify)	ne, farm, str	eet, factory, c	ffice		28f. LOCATION (Street City or Town, State		or or Rural Ros	rte Number,	
	4 Homicide determined											
2	(Orlock Orly)	SICIAN: To the best of m	ry knowledge, des	ith occurred	at the time, o	late and ple	ice, and due	to the cause(s) and m	enner as sti	ited.	1	
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basia of axa	mination and/or in	nvestigation,	in my opinio	n, death oc	cured at the	time, date and place, a	and due to t	the cause(s)	and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFI	ER				29c. L	ICENSE NUI	MBER	29d. DA	TE SIGNED (	Aonth, Day, Year)	
2	7//	_ /	w.			V	33	168	1	1/13/	92	
	30. NAME AND ADDRESS OF PERSON W		DF DEATH (ITEN		rint)	1.	DE	wat w	Mo	2/	129	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	00	6	60	~ <	100	140	61	64/	
	NOV 16 '92	7 ,	idson-Ran	1000								
	MIN TO OC	1	- Maria- Maria	المراتاتي								

7:00A M

Approximate Interval Between Onset and Death

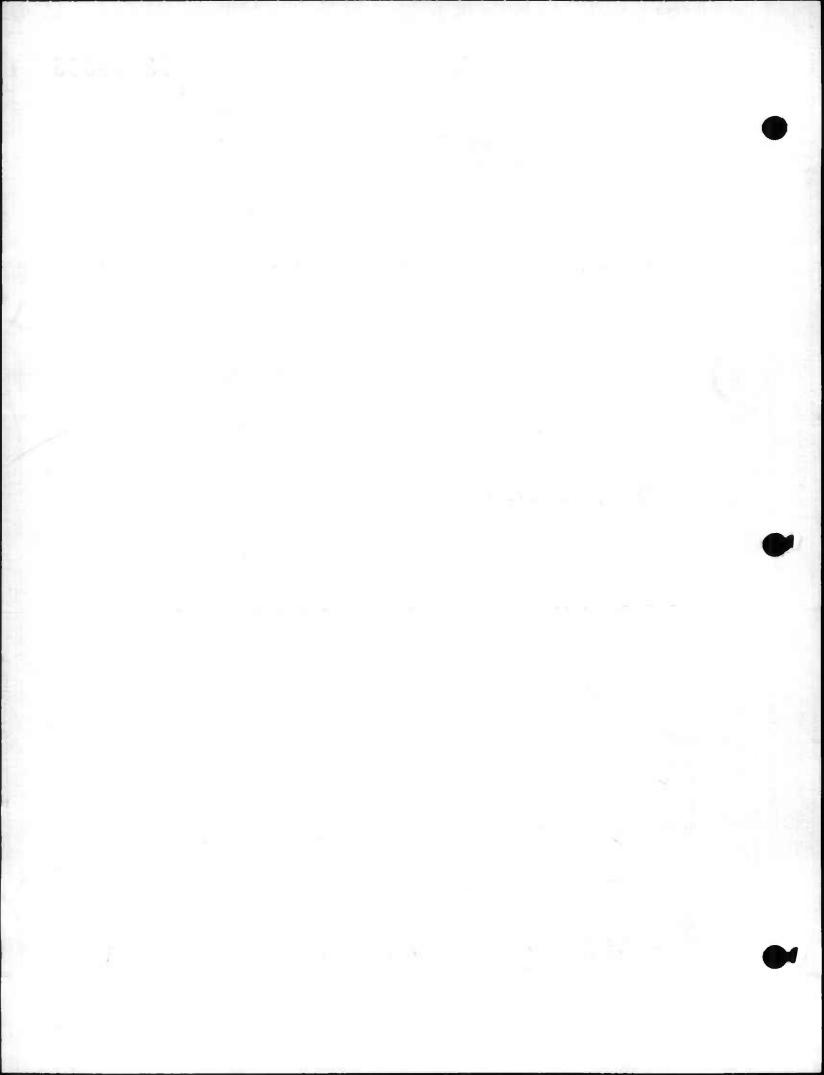
		1. DECEDENT'S NAME (First, Middle, Lest)  RODNEY S. HARRIS  2. DATE OF DEATH MONTH DAY VEAR NOV. 9, 1992  7:00A													
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In y			NOER 1 YEAR		ER 24 HRS.	7. DATE OF	BIRTN		, BIRTH	PLACE (State or Foreign
10		213-18-51	83	1 📉 M 2 🗌 F	7	71 YF	IS. MONT	HS DAYS	HOURS	MIN.	(Month, 1	01/2	1	Country 1arv	land
3 should	~	90. FACILITY NAME (If not in							N OR LOCAT		ATN		9c. COUNT		
2	ECTOR	401 Feder		anor Ap	<u>t.</u>			Fede	erals	sbur	g		Ca	rol	ine
ges 1.	REC	10a. STATE	10b. COUNTY	,		10c	. CITY, TOA	VN OR LOC	CATION					- 1	10d. INSIDE CITY
pirmit. Pages	ā	Maryland	Cai	coline			Fed	eral	sbur	g					LIMITS?
E S	FUNERAL	10e. STREET AND NUMBER							101. ZIP COC						HAT COUNTRY?
and the same	NE	401 Fede	ral l								532			.A.	
215-0020 strending physician re as the burlai-tra	BY	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE Y	CXYES :	2 ND If yes, specify Cuben, Mexica  I YES 2 NO Specify  T Specify					can, Puerto Rican, etc.) Black, Whit			- American Indian, White, etc.	
	ETED	15. DEC (Specify and	EDENT'S EDU	CATION completed)	16	Give kin	NT'S USUA	L OCCUPA	TION most of work	dna	16b. K	IND OF BU	SINESS/INDU	STRY	
Nes No	COMPLE	Elementary/Secondary (0 7th		College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use resired.) Waterman					Fishing				
A ST S		17. FATHER'S NAME (First, M		· i a					400000000000000000000000000000000000000		ME (First, Middle, Melden Surneme) SSie Abbott				
RE, MARYI iay be retaine: page 5 shou t be notified	BE	Monnie Harris  19a. INFORMANT'S NAME (Type/Print)													
	ρ.	196. INFORMANT'S NAME (Type/Print)  Mrs. Barbara E. Todd  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  309 Morris Ave., Federalsburg, MD											21622		
		20a. METHOD OF DISPOSIT	ION		20b. PL	ACE AND D	ATE OF DIS	POSITION	Name of	. , .	DATE		CATION — CI		
MORI je 6 ma rector, p		1 🔀 Buriel 2 🗆 Crematic 4 🗆 Donation 5 🗆 Other		oval from State	cemeter	rv. crematory	or other old	acel		eter	v 12	_			d, MD
ALTIMORE death. Page 6 may te funeral director, pag amminer must be		21. SIGNATURE OF FUNERA		0				22. NAME	AND ADDRE	ESS OF FAC	YILITY				
BA tier de the fu		Muha	el 7-	Eskow				PO B	ртом ж 43	, Fe	kins	-ESK	ow F	une	ral Home 21632
		23. PART I. Enter the di	iseases, or o	omplications that	it caused th	e death.									Approximate
in 24 the nation,		IMMEDIATE CAUSE (Findisease or condition resulting in death)					M	eta.	rtal	tic C	arc	ine	ma		Interval Between Onset and Death
68760 pxecuted with and complet b burial, crer natic even	- 1	1	_	DUE TO	(OR AS A CO	MSEQUENC	E OF):								
and and	CATION	Sequentially list conditions, If any, leading to immediate  b.  DUE TO (OR AS A CONSEQUENCE OF):													
m # > I	S	Cause, Enter UNDERLYING CAUSE (Disease or injury													
P.O. B. h certificate anding physis Hygiene pri or other to	RTIF	that initiated events resulting in death) LAS	т	OUE TO	(DR AS A CO	MSEQUENC	E OF):								
O = 5 = 5	H H			1											
RECORDS, requires that the dear seen signed by the att. of Health and Menta shows any Injury,		PART II. Other algnifica	nt condition	a contributing to	death but	not result	ing in the	underly	ing cause	given in	Part i. 2	4a. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ECORD quires that the n signed by th Health and N	EDICAL	- Oil	allic	13. 5	ind	lom					_   1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
RECC requires been signe of Health	Σ	<i>(</i> /									_				1 TYES 2 NO
	SICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					28	PLACE OF I	DEATH (Che	ck only one)				
VITAL HAN: The law rifficate has the State Dept or item 23	SIC	EXAMINER?  1 YES 2 NO		HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 DC		IER:			8 Other (	Promited			
PHYSICIAN: this certifical with the St.	PHY	27. MANNER OF DEATN		28e. DATE OF (Month, D	INJURY		TIME OF	28c. I	NJURY AT			-	NJURY OCCU	RED	<del></del>
ON OING PHYS After this death with	B		Pending Investigation				1	1 [	YES 2 [	□ NO					
0 0 4 0 0	8		Could not be	28e. PLACE O building,	of INJURY —	At home, fa	rm, street,	factory, of	fice		28f. LOCATE City or	ON (Street o Town, State)	and Number of	r Rural Ro	oute Number,
DIVISION OR ATTENDING P DIRECTOR: After t hours after death item 28 is man	<b>L</b>		_												
TAL C	COMPL	(Check only		CIAN: To the best of											
HOSP FUNE within					ACMINISTRATION OF	NU/OF IITYBSE	gamon, in i	ту ориноп				d place, en			and manner se stated.
TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h	B	29b. SIGNATURE AND TITLE	OF CENTIFIEF	orecu	LELLI					ENSE NUM	434	0			Month, Day, Year)
2 6 5 ₹	2	30. NAME AND ADDRESS OF	PERSON WH			(ITEM 27)	Type, Print1		de	0/1	7 7 7	7		//-	12-92
1		Dr. Eyup						in S	t.,	Camb	orido	re, N	MD 21	613	
[		31. DATE FILED (Month, Day,		32. REGISTRA						_					

Julia Davidson-Randage

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

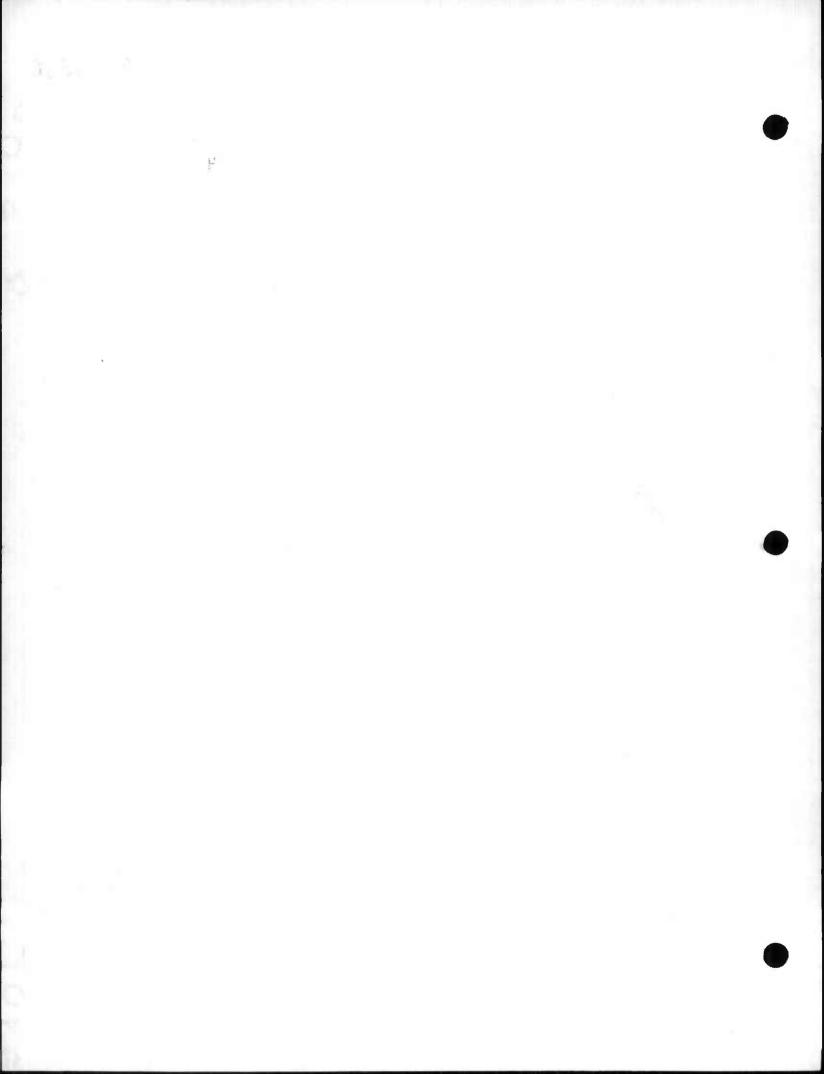
1. DECEDENT'S NAME (First, Middle, Last)



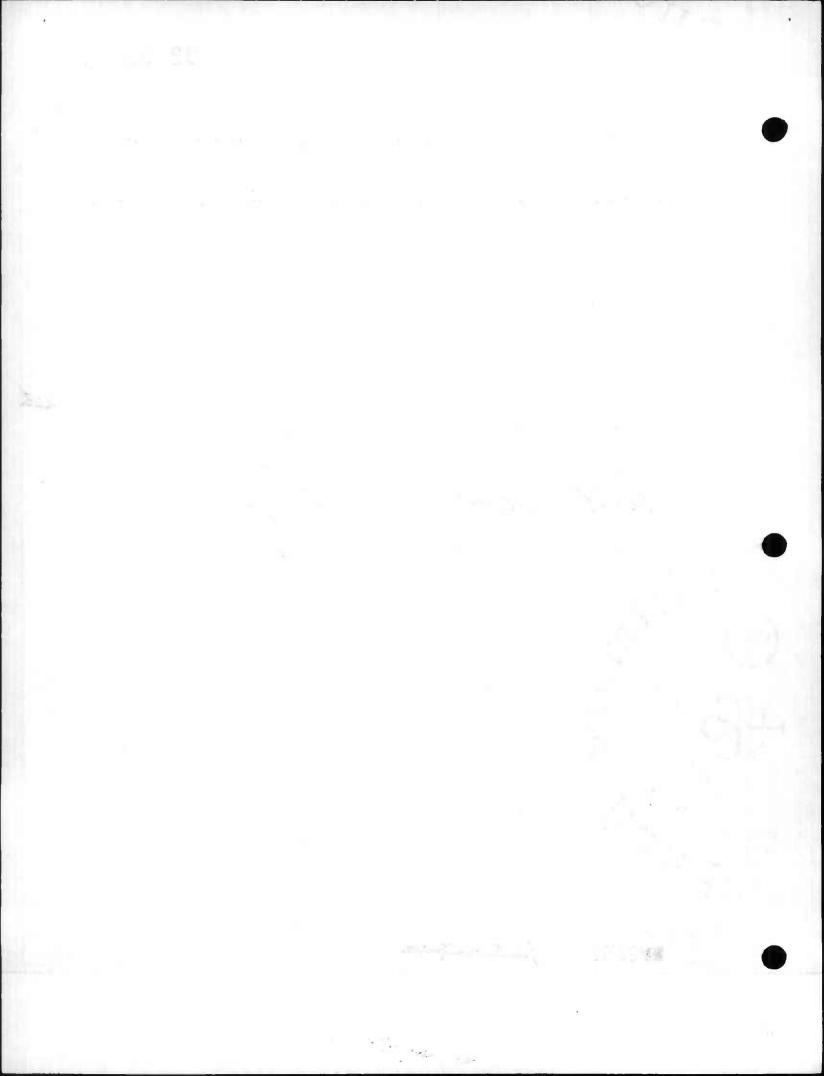
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BALTIMORE, MARYLAND 15-0020	4 hours after death. Page 6 may be retained by the inspiral or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be destructed.	e medical examiner must be notified at onca
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the Expital or amending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	FOR 1 . STATE	STATE OF MARYL				ENTAL HYGIEN		2 33566				
T,	1. DECEDENT'S NAME (First, Ministra Last)	MABEL		ANDLEY	F DEATH	REG. NO.	1/92 YE	ar 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 220-32-0103	1 🗆 M 2 🔀 F 9 7	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH 06/24/18	395	BIRTHPLACE (State or Foreign Country) ARYLAND				
TOR	9a. FACILITY NAME (If not institution, give s  DORCHESTER GEN  RESIDENCE OF DECEMENT	,		N OR LOCATION OF DEA	тн	DORC	OF DEATH CHESTER					
L DIRECTOR	10a. STATE 10b. COUNT  MARYLAND DO  10a. STREET AND NUMBER	PRCHESTER CAMBRIDGE					10d. INSIDE CITY LIMITS? 1 YES 2 XNO					
FUNERAL	5465 HANDLEY	ROAD	ALI C ADMED		21613		U	S.A.				
BY	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 YES	2 NO	If yes,	ECENDENT OF NISPANIC apecify Cuban, Mexican, ES 2 NO Specify:	Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: JHITE/CAUC.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during a se retired.)	ITION most of working	166. KIND OF BUS	OTHING					
BE COM	17. FATHER'S NAME (First, Middle, Lest) BENJAMIN F. K	IRWAN				E (First, Middle, Maiden IE WEBS)						
TO	MR. JAMES HAND		5465	HANDI	EY RD.,	CAMBRID	GE, MD	21613				
	20e. METHOD OF DISPOSITION  1   Rem   Rem	oval from State	PLACE AND DATE	TER ME		11/23	CATION — CITY CAMBRI	DGE, MD.				
Ц	Janua por	rau-Bum	well	CUF 308	RRAN FUNE B HIGH ST	RAL HOME	RIDGE,	MD. 21613				
	IMMEDIATE CAUSE (Final	. MASSIVE	ach line.	A M	lassive C		ratory arreat,	Approximate Interval Between Onset and Death				
rion	Sequentially list conditions, if any, leading to immediate  Due to (or as a consequence of):  Conjustinis He art Fallure Congestive Heart failure  Gue to (or as a consequence of):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. ASCUIS DUE TO (OR AS A	CONSEQUENCE O		SCVD							
· .	PART II. Other significant condition	s contributing to death b	ut not resulting	in the underly	ing cause given in P	art i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDICAL						1	□ ND	OF DEATH?  1 YES 2 NO				
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	atlent 3 DOA	OTHER:	PLACE OF DEATH (Checo							
B	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY		JURY 1	WORK? YES 2 NO	28d. DESCRIBE HOW II	-					
COMPLETED	3 Suicide S Could not be determined	building, etc. (Spec	H(y)			281. LOCATION (Street a City or Town, State)		ural Houte Number,				
E COMP		R: On the beele of examination				me, data end place, an	d due to the car	use(e) and menner as stated.				
TO BE	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type	Print)	1263	88	D //	-21-92				
	Michael J F  31. DATE FILED (Month, Day, Year)  NOV 27 200	32. REGISTRAR'S SIGN		Hu Hu	rlock in	el 216 g	/3					
	1101 23 92	- guna vai	10301-Mario	مالات				DUMM 18 Day 1/80				



		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND I	MENTAL HYGIEN					
	l li	1. DECEDENT'S NAME (First, Middle, Last)	R.	Holle	en Ba	rugh	2. DATE OF DEATH MONTH - R	5-199	3. TIME OF DEATH 2 2:30 AM			
P	8	4. SOCIAL SECURITY NUMBER 218-18-2891	1 🗆 M 2 💢 F	70 YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/6/1922	No.	erth East, MD			
1, 2, 3 should	TOR.	Ba. FACILITY NAME (II not institution, gives  RESIDENCE OF DECEDENT	em, Hos	pital 1	BL CLTY, TOWN O	or Location of De	DIACE	HALT	F SEATH			
permit. Pages 1	DIRECTOR	Maryland Ceci			rth East				tod. INSIDE CITY LIMITS? t : YES 2 A NO			
TS.	FUNERAL	492 Hances Point	Road		101	21901	-	10g. CITIZEN C	DF WHAT COUNTRY?			
21215.0020 all or attending physician. for use as the burial-transit	B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO	2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)							
2 9 2	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUSTR	rv			
	MPL	12. FATHER'S NAME (First, Middle, Last)	N/A	Assemb]	Ly Line		Indust		•			
YLA by the be der	BE CC	Walter Hines					ME (First, Middle, Maiden ence McCall					
MARYLAND  e retained by the hospit  5 should be detached notified at once.	TO B	190. INFORMANT'S NAME (Type/Print)  Judith L. Hollenbaugh  190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  11 Valley Forge Dr. North East, MD 21901										
NORE, e 6 may be ector, page must be	1	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	oval from State cgg	PLACE AND DATE OF	DISPOSITION (Na	me of		CATION - City o	r Town State			
ALTIN leath. Pag funeral dir xaminer		4 Donation 5 Other (Specify)  21. SIGNATURE OF THEFILE BETWICE LIKE	ENSEE N	orth East	Croud	h Funera	CILITY					
760, a within 24 hours aft ompletely filled in by ut, cremation, or remo event, the medica		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arreat, shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):										
DOX 68	RTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
VITAL RECORDS.  IAN: The law requires that the inficate has been signed by the inficate both; of Health and Novel State Dept. of Health and Novel Item 23 shows any injuriant	: MEDICAL CE	PART II. Other significant copdition	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 2 No.									
TAL The la the has ate De	ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)					
OF PHYSIC this cer with th	Y PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  T Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	_	8 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURE	>			
TTENDI TTOR: A after d	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str cify)	reet, factory, offic	•	281. LOCATION (Street a City or Town, State)		val Route Number,			
DIV HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours	COMPLET	one) 2 MEDICAL EXAMINE		to the cause(e) and mar time, date and place, en		se(e) end manner ee stated.						
TO THE HOSPITAL TO THE FUNERAL. Be filed within 72 P IMPORTANT: IF	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Beando,	40.		29c, LICENSE NUI	800	29d. DATE SIGN	NED (Month, Day, Year)			
- April		30. NAME AND ADDRESS OF PERSON WH THOMAS A. BYOKE	a 49, U.	M.C. 319	95 CKIO	LAVE, K	16.41	2107	8			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE . Randall.			7/		Dubble 48 Day 488			



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be rain TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netling. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	Middle, Last)	Janic	e Maxi	ne Ha	ale			2. DATE OF DEATH	Y,	97	3. TIME OF STATE
4. SOCIAL SECURITY NUME	IER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER	24 MPR	7. DATE OF BIRTH		a BIOTH	PLACE (State or Foreign
220-28-3475		1 M 2 F	59		ONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 5/7/1933		Country	rvland
9s. FACILITY NAME (If not in			33		9b. CITY, TOWN	OR LOCATI	ON OF DI		9c. COU	NTY OF D	
Carroll Cou		eneral Ho	spital			minst				Carr	oll
10a. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland	1	Baltimore	9			Upper	cco				1 YES 2 NO
10e. STREET AND NUMBER					10	H. ZIP COD	E		10g. CIT	ZEN OF W	HAT COUNTRY?
15733 Dover	Road					21]	155			USA	
11. MARITAL STATUS  1 Never Merried 2  3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		RMED NO	If yes, s		n, Maxica	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No—	14. RACE Black Specif	- American Indian, , White, etc. y: White
15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S U	SUAL OCCUPAT	ION	_	16b. KIND OF BUS	INESS/IN	HISTRY	WILLCE
(Specify onl Elementary/Secondary (6	y highest grade	College (1-4 or 5	(G	live kind of wo . Do NOT use	ork done during m	ost of working	ng	i i i i i i i i i i i i i i i i i i i	J. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8th grade	712)	College (1-4 or 3	"	House	ewife						
17. FATHER'S NAME (First, M	liddle, Last)			11000		18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		
Charles C.	Wolfe					1	Eva	Baer			
19a. INFORMANT'S NAME (	Type/Print)		19	b. MAILING /	ADDRESS (Street	and Number	or Rural	Floute Number, City or Tow	n, State, Zij	Code)	
W. Roland I	lale			15733	Dover	Road	, Up	perco, Md.	2115	55	
20a. METHOD OF DISPOSIT	ION on 3 🗆 Rem	oval from State	other of	(aca)	TION (Name of c		natory or		CATION —		
4 Donation 5 Dother			St.	Paul	's Ceme				opero	xo, N	aryland
21. SIGNATURE OF FUNERA	3 /	e Herry	es B	,	934			Street, Ha			
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diete ING ary	Deab	OR AS A CONSE	QUENCE OF	deli	all of a	The X	g S	)		
	•	4.	01			1	/)			_	
PART II. Other signification of the signification of the signification of the significant	Ha	e al	estone	of A	que +	lu	Val	Part I. 24a. WAS AN PERFOI	MUTOPSY IMED?	246	WERE AUTOPSY FINDINGS AMALARIE PIONO TO COMPLETION OF CAUSE OF DEATH?
EXAMPLE 2 NO	MEDICAL /	HOSPITAL:	☐ €R/Outpatient 1		OTHER:			6 Other (Specify)			
	Pending	26s. DATE Of /Month, 2	F INJURY Day, Heary	28b. TIME SKJU	OF 28c. 9	AJURY AT ORK7 YES 2		284. DESCRIBE HOW	NJURY OC	CURED	
# Resident 3 Suicide 6 4 Homicide	Investigation Could not be determined	28s. PLACE 6 building	OF DIJUNY — At h. , etc. (Specify)	ome, tarm, et	rest, factory, off	los		281, LOCATION (Direct City or Town, State)		r or Nurst I	Route Mumber
Total sand	nghi examin Si centirje	EBy On End toward	wee of	m)	in my opinion,	death occu		to the cause(s) and ma time, data and piece, as	ed due to t	he ceuse(s	) and manner as etated. (Mysth. Day: Mar)
NOV 1 3	)2°		AR'S SIGNATURE	ndelle.							

death outficate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the

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filled Ir	Jou, or	the me	
mpletely	, спета	event,	
THE FUNERAL DIRECTOR: After this cardificate has been stoned by the attended physician and completely filled in by the funera	fled within 72 hours after death with the State Dept. of Health with the prior to burial, cremation, or removal.	PORTANT: if item 28 is marked, or item 23 shows anythings or ther traumatic event, the medical exami	
physicia	ne prior	her tra	
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pades	III.	WS am	l
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Fcate ha	State D	Item	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middig, Last) 3. TIME OF DEATH 4:00 am 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign West VIRGINIA 234-07384 1 🗆 M 2 📉 F YRS. 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR CARROTT VIEU RESIDENCE OF DECEDENT 10b. COUHTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYAND ANCHESTER 1 YES 2 NO ARROM FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AHD HUMBER 10f, ZIP CODE 332 21102 LISA SPREET 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR OATES BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INOUSTRY US Army Corps Elementary/Secondary (0-12) College (1-4 or 5+) civilian worker of engineers 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surne FRANCES GRAVES # PRICE BE notified 19a. IHFORMANT'S HAME (Type/Print) 21158 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5013 Band Hall Hill Rd. Frances Anne Kirk Westminster, 9 20a METHOD OF DISPOSITION
14 Surial 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITIOH (Name of cemetery, crematory or 26c. LOCATIOH - City or Town, State must Spring Hill Cemetery 11/ Huntington. 4 ☐ Donation 5 ☐ Other (Specify) ne 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AHO ADDRESS OF FACILITY Pritts Funeral Home & Chapel Robert K. Pritts, Washington Rd., Westminster. Sr. MD 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximats Interval Between ahock, or heart fallure. List only one cause on each line Onset and Desth IMMEDIATE CAUSE (Final disease or condition\_ minutes bwd. 04 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 Thursing Home 5 Residence 6 Other (Specify) 1 YES 2 10 28a. DATE OF IHJURY (Month, Day, Year) 27. MAHHER OF GEATH 28c. IHJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1. Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide CERTIFYIHO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 \_\_ MEDICAL EXAMIHER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(a) and menner as stated 29b. SIGHATURE AND TYTHE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year) 29c. LICENSE NUMBER BE 3316 92 2 2 2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

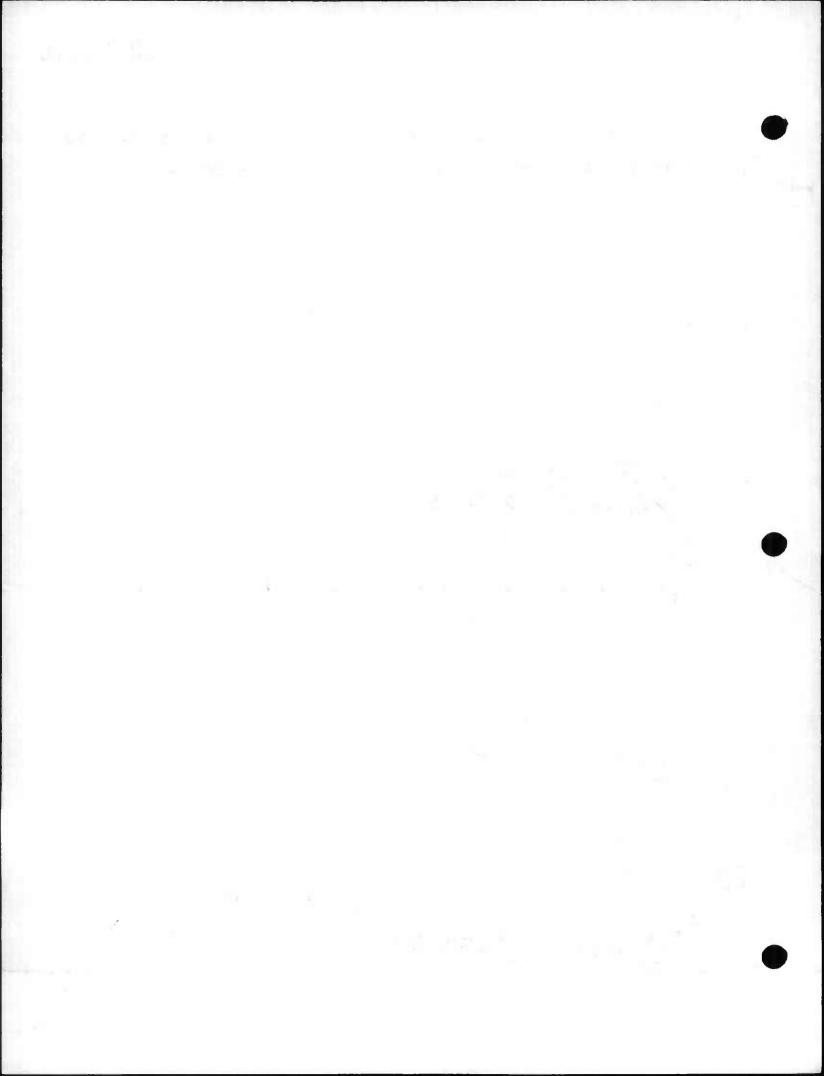
32. REGISTRAR'S SIGNATURE

Archie Devidson Randelle

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	1. DECEDENT'S NAME (FIR	st, Middle, Last)	Haas	7	R			2. DATE OF DEATH MONTH D	"OS	VEAD	TIME OF DEATH
	4. SOCIAL SECURITY NUM 216-18-5			GE (In yrs. las	-	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
FOR	Se. FACILITY NAME (If not		street and number)	10.		9b. CITY, TOWN	OR LOCATION OF E	DEATH		Maryl	
	Anne Arundel Medical Center					An	napolis		Anne Arundel		
DIRECTOR	10a. STATE	10b. COUNT	Ÿ		10c. CIT	Y, TOWN OR LOC	ATION			10	d. INSIDE CITY
	Maryland	Anne	Arunde1			Arnol	d			1	LIMITS?
FUNERAL	10e. STREET AND NUMBER					15	IN. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?
NE	273 Silver	Leaf	Court  12. WAS DECEDENT EVI				21012			.S.A.	
BY	1 Never Married 2 3 Widowed 4 Div		FORCES? 1 X 1	ES 2 N	NO NED	If yes,		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No—	Specify:	American Indian, thite, etc.
9	15. DE (Specify of	CEDENT'S EDU	ICATION a completed)	(G/	ve kind of a	USUAL OCCUPATION OF ITEMS		16b. KIND OF BU	SINESS/INDU		astan
COMPLETED	Elementary/Secondary	(0-12)	College (1-4 or 5 +)		Do NOT us	red Wat	arman		eafoo	a	
OM	17. FATHER'S NAME (First,	Middle, Last)			NEC1.	Leu wat		AME (First, Middle, Maiden		u	
ш	Charles Ha	as. Sr						na Hitchens			
TO B	Haas Famil	(Type/Print)		198	273	ADDRESS (Street	Leaf Ct.	Route Number, Chy or Tow Arnold,			1012
J.	20a METHOD OF DISPOSI 1 A Burlal 2 Cremati 4 Donation 5 Other	ion 3 🗆 Rem	noval from State			of disposition (			CATION — C		
37	21. SIGNATURE OF FUNER	AL SERVICE LI		200		22. NAME Barr	and address of F		Home		
(	23 PART I Enter the shock, or I immediate Cause (Fi disease or condition resulting in death)	neart fallure.	a. Due To/con	neach line	m	faul	node of dying, suc	ch as cardiac or resp	iratory arre	est,	Approximate Interval Between Onset and Deat
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	If any, leading to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events	ring Jury	c. DUE TO (OR A	AS A CONSEC	F (	96VSF	,				
7	If any, leading to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events	rING Jury ST	d				ng cause given in	PERFO	MED?	CO	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MIPLETION OF CAUSE
N: MEDICAL CERTIFICATION	if any, leading to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA:	rING Jury ST	d				ng cause given in		MED?	CO OF	AILABLE PRIOR TO
MEDICAL	if any, leading to immicause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA:  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?	ST cant condition	d	th but not re	esuiting i	In the underlyi	PLACE OF DEATH (C	PERFOI	MED?	CO OF	AILABLE PRIOR TO MIPLETION OF CAUSE DEATH?
7	if any, leading to immicause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:  PART II. Other significations are supported by the signification of the significant	ST cant condition	d	th but not re	DOA	26. OTHER:	PLACE OF DEATH (Comme 5 - Residence	PERFOI 1 YES 2 heck only one) 6 Other (Specify)	NO NO	AM CO OF	AILABLE PRIOR TO MIPLETION OF CAUSE DEATH?
MEDICAL	if any, leading to immicause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA:  PART II. Other signific  25. WAS CASE REFERRED EXAMINERY?  1 YES 2 NO  27. MANNER OF DEATN	ST cant condition	HOSPITAL:  1 Inpetient 2 EPW  (Month, Day, 16	Outpatient 3	DOA 28b. TIM	26. OTHER: 4   Nursing Hc E OF   28c.    URY   M   1	PLACE OF DEATH (C) me 5 Residence NJURY AT ORIC? YES 2 NO	PERFOI	NO NO	AM CO OF	AILABLE PRIOR TO MIPLETION OF CAUSE DEATH?
ED BY PHYSICIAN: MEDICAL	if any, leading to immicause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA:  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 2 Accident	eant condition  Po MEDICAL	d	Outpetient 3 RY er/ URY — At hor	DOA 28b. TIM	26. OTHER: 4   Nursing Hc E OF   28c.    URY   M   1	PLACE OF DEATH (C) me 5 Residence NJURY AT ORIC? YES 2 NO	PERFOI 1 YES 2 heck only one) 6 Other (Specify)	NJURY OCCI	OF 1 (	ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH?  YES 2 NO
D BY PHYSICIAN: MEDICAL	if any, leading to immicause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA:  PART II. Other signific  25. WAS CASE REFERRED EXAMINERY 1 YES 2 MO  27. MANNER OF DEATN 1 Natural 5 2 Accident 3 Suicide 6 4 Nomicide  29s. CERTIFIER (Check only 1 CER	Pending Investigation Could not be determined	HOSPITAL:  1 Inpatient 2 ERA  28e. DATE OF INJU  28e. PLACE OF INJU	Outpatient 3 RY ar) URY — At hor	DOA 28b. TIME INJ	26. OTHER: 4   Nursing Ho E OF URY M   1   Street, factory, off	PLACE OF DEATH (CI	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  28d. DESCRIBE NOW I  28f. LOCATION (Street City or Town, Stele)	NJURY OCCU	1 (  URED  Prival Route d.	ALLABLE PRIOR TO ALLABLE PRIOR TO CAUSE DEATH?  YES 2 NO



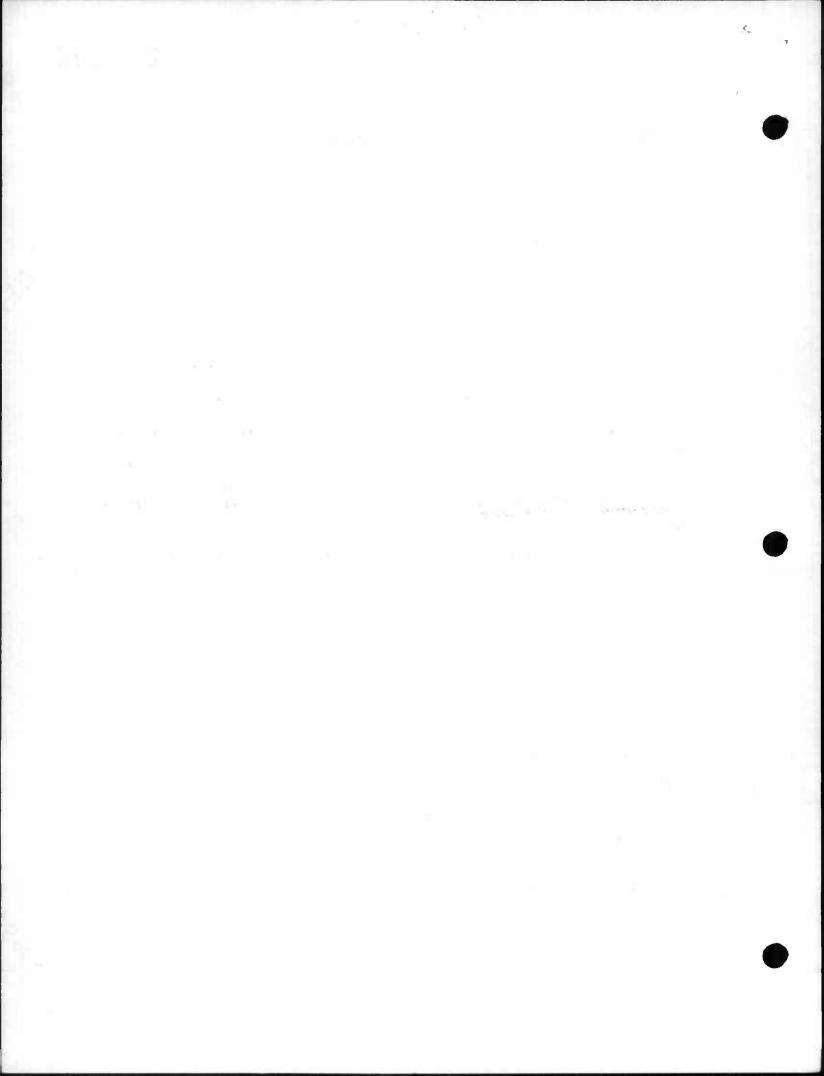
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN; THE TO THE FUNERAL DIRECTOR: After this certificat be fied within 72 hours after death with the Statement IMPORTANT; If Item 28 is marked, or Item 2.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT	OF HEALTH AND I	MENTAL HYGIENE REG. NO.	92 3	35/1			
	t. DECEOENT'S NAME (First, Middle, Last) Emma	Lohner	Hosier		2. DATE OF DEATH MONTE 1/16/92	YEAR	3. TIME OF DEATH 7:45a			
	4. SOCIAL SECURITY NUMBER 212-07-8485	5. SEX 1		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	a. BIRTHI	PLACE (State or Foreign			
TOR	9a. FACILITY NAME (If not Institution, give street and number)  Meridian Nursing Center  9b. CITY, TOWN OR LOCATION OF DEATH Severna Park  9c. COUNTY OF DEATH Anne Arundel									
DIRECTOR		e Arundel	10SETVERMINER	rhowhole			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO			
FUNERAL	100. Meridian Nursing	100. Meridian Nursing Center 101. ZIP CODE 21146 109. UTZ								
ВУ	t1. MARITAL STATUS t ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	t2. WAS DECEDENT EVER IN U.S. AR FORCES? t YES 2 FI IF YES, GIVE WAR OR DATES	10 11	S DECENDENT OF HISPAN rea, specify Cuban, Maxicai TYES 2 NO Specify		Black,	- American Indian, White, atc. White			
COMPLETED	15. OECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	Completed) (G.	CEOENT'S USUAL OCC five kind of work done du Do NOT use retired.) OMEMAKET	UPATION ing most of working	166, KIND OF BUSINES	S/INDUSTRY				
BE CON	17. FATHER'S NAME (First, Middle, Lest) Alonzo R. Lohner			18. MOTHER'S NAI Alice	ME (First, Middle, Meiden Surne Hastings	me)				
TO E	19a. INFORMANT'S NAME (Type/Print) Mr. Luther Hosie	er 5	10 Cheddi	Street and Number or Rural Fington Road	Noute Number, City or Jown, Stell Linthicum	te, Zip Code)	21090			
	20a. METHOD OF OISPOSITION 1 Gurlei 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	val from Stata confidence	OO COMMENT	ON(Name of	DATE 20c LOCATIO	ville,	vn, Stete MD			
	21. SIGNATURE OF FUNERAL, SERVICE LICE	3	Barı		al Home Seven		k MD 21146			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximata interval Between Onset and Death or resulting in death)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 HO  1 YES 2 HO									
SICIA		HOSPITAL: t   Inpetient 2   ER/Outpetient 3	DOA 4 District	26. PLACE OF DEATH (Che						
BY PH	27. MANNER QE-DEATH  1									
	3 Suicide S Could not be determined	28a. PLACE OF INJURY — Al hor building, atc. (Specify)	ne, tarm, street, factory	, office	281. LOCATION (Street and Nu City or Town, State)	mber or Rural Ro	ute Number,			
COMPLETED	29a. CERTIFIER (Check only one)  1 CHECK ONLY ONE)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
2	30. NAME AND ACCRESS OF PERSON WHO	32. REGISTRAR'S SIGNATURE	MA	205 Rid	gely Dul	Aun.	mo digol			
	NOV 1 7 1992	32. REGISTRAR'S SIGNATURE JULIA DAY ASSIT	ndell		V ]					

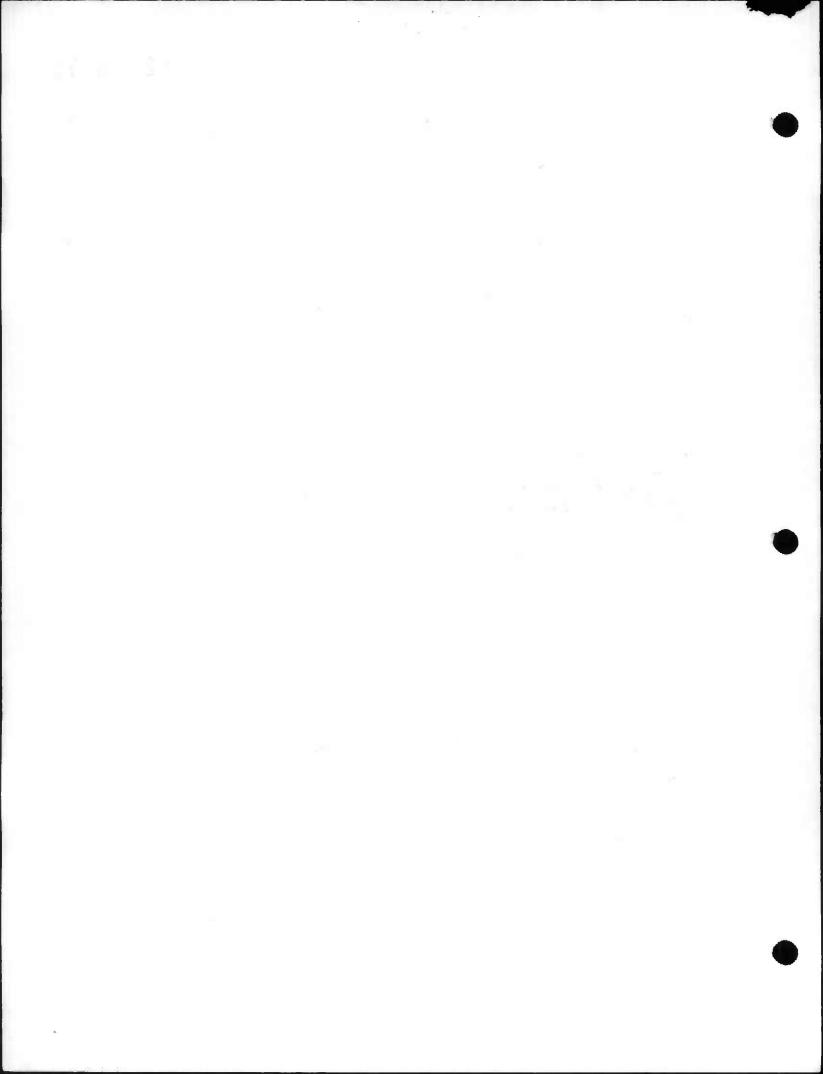
		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	- 1	1. DECEDENT'S NAME (First, Middle, Last)			7		2. DATE OF DEATH MONTH D	MY YEAR	3. TIME OF DEATH					
		HERBERT	Bailey		HAR	KII	NOV Em3 E1	1 100						
permit. Pages 1, 2, 3 should		4. SOCIAL SECURITY NUMBER 214 10 6058	1 🖾 M 2 🗌 F	n yrs. last birthday) 76 <b>YRS.</b>	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year)	916 N	ATHPLACE (State or Foreign unity) laryland					
	OR	98. FACILITY NAME (If not institution, give s PENINSULA REGION. RESIDENCE OF DECEMENT		ENTER		SBURY	EATH	9c. COUNTY OF	F DEATH COMICO					
	DIRECTOR	10a. STATE 10b. COUNTY	v Worcester	10c. CIT	Y, TOWN OR LOCA	Hill			10d. INSIDE CITY LIMITS? 1 YES 2 K NO					
ist.	FUNERAL	100. STREET AND NUMBER 4706 Paw Paw C:				1. ZIP CODE 2186	3	10g. CITIZEN O	OF WHAT COUNTRY?					
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit val.	BY	11. MARITAL STATUS 1 Never Married 2 XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2)(NO	If yes, ap	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No — 14. R.	ACE — American Indian, Hack, White, etc. pecify: White					
21215-	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		USUAL OCCUPATION CONTROL OCCUPAT		16b. KIND OF BU	JSINESS/INDUSTR						
AND the hospital detached to	1PL	12	Consign (1-4 or 5+)	Mai	l Carrie	er	U.S.	Postal	Service					
rLAND by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)						
d by de	BE (	William Angelo	Harris Sr.			Pe	arl E. Bai	lley						
MAR retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox							
ay be n		Jane P. Harris					d., Snow H							
BALTIMORE after death. Page 6 may by the funeral director, pa moval.		1 M Burial 2 Cremation 3 Rem	oval from State 20b.	PLACEAND DATE ( PLACE AND DATE ( PLACE A	of disposition (Na ther place)	ame of	1	DCATION — City or	Maryland					
ALTIMOR beath. Page 6 m funeral director. xaminer must		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ALL TICKEL		ND ADDRESS OF FA		M HITTT	Maryiand					
ALTIN death. Pag e funeral dia  examiner		· Min. M	10 1			is Funer								
By the removal.		23. PART I. Enter the diseases, or	omplications that caused	I the death Do a	110	Franklin	St., Snow	/ Hill,						
ours after d in by th or remova		snock, or neart failure.	List only one cause on ea	nch line.	ot enter the mic	de or dying, suci	ii aa cardiec or resp	watery arrest,	Approximate Interval Between					
7 60, ad within 24 r ompletely fille 1. cremation.		immediate cause (Final disease or condition resulting in death)	DUE TO (OR AS A	A OF	Prostat	z with	Metasta	ises	7 years					
DX 68 be execute cian and co for to buria	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	CONSEQUENCE OF										
S, P.O. Bodeath certificate attending physiental Hygiene printy, or other tr	CERTIF	that initiated events resulting in death) LAST	d.	CONSEQUENCE OF	r):									
RECORDS, F w requires that the death been signed by the atter pt. of Health and Mental 3 shows any injury, o	MEDICAL	PART II. Other significent condition	s contributing to death be	ut not resulting i	In the underlyin	g cause given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
law requas been bept, of 23 sho	2 7						_		1   169 2   NO					
TAL The la state De Item 2	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	atient 3 DOA	OTHER:	LACE OF DEATH (Chi								
The Fill Cent	ву РНУ	27. MANNER OF CEATH  1 M Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIMI	E OF 28c. INJ	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED						
TTEND TTEND TOR A after da	ED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, s	street, factory, offic	•	281. LOCATION (Street City or Town, State)		al Route Number,					
L DR Z Town	COMPLET		CIAN: To the best of my knowledge.  R: On the basis of examination						hate as venner he detect					
TO THE HOSPITO TO THE FLINEFA De fised within 7 IMPORTANT: I	BE CC	296. SIGNATURE AND TITLE OF CERTIFIEF						T						
₽₽₩.	2		COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)	PALICAL	184. Md	210	17-76					
	,,	31. DATE FILED (Month, Day, Year)	SE. HEGISTRAIT S SIGNA	RIUNE		7/1~3030	110	1 21 86	-					
	"	NOV 16 1992	Julio Banda	or fundall										



other traumatic event, the medical examiner must be notified at once.

	4	E 6 8	ŀ
	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires the the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the "ending physician and completely file be sleed within 72 hours after death with the State Dept. of Hellih and Might Hydrene prior to buries, cremation IMPORTANT: If Hem 28 is marked, or item 23 shows and market, or other traumatic event, the	
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	FOR STATE REGISTRAR	STATE OF MA					EALTH A			YGIENI REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last) PAUL	L. HEXT	ER, Sr.	f)				2	DATE OF MONTH	DEATH DAY -11-9		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 285-05-8964A		5. AGE (In yrs. last		y) # UNDER 1 YEAR # UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. (Month, Day, Year)				BIRTH ay, Year)	2	Counti	IPLACE (State or Foreign ry)	
	9a. FACILITY NAME (If not institution, give s	1110.	9b. CITY, TOWN OR LOCATION OF DEATH					5-02	9c. COUNTY OF DEATH				
P	1B Blue Bill Ct			Ber1					Worcester				
DIRECTOR	Md. Worcester				10c. CITY, TOWN OR LOCATION Berlin						10d. INSIDE CITY LIMITS? 1 \( \text{YES} \( 2 \) \( \text{NO} \)		
	10e. STREET AND NUMBER				101. ZIP CODE 21811						10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	FORDERS 4 ST MES A TH				f yes, spi	ENDENT OF I	HISPANIC Mexican, F			USA  14. RACE — American Indian, Black, White, atc.  Specify:		
ED BY	3 Widowed 4 Divorced  15, DECEDENT'S EDU	CATION	16a. DE	W II	USUAL O	CUPATIO	N -	орвону.	16b. Kli	ND OF BUS	INESS/INC		White
COMPLET	(Specify only highest grade	College (1-4 or 5+)	iife.	Do NOT u	se retired.)		at of working			Ra	cing		
	17. FATHER'S NAME (First, Middle, Lest)				· <u>-</u>		18. MOTHER			lle, Maiden	Surname)		
TO BE	Kaufman W. Hex	ter	191	b. MAILING	ADDRESS	Street a	Vond Number or			City or Town			n
۴	Paul L. Hexter, C		20b, PLACE				Ct./		erlir		2 CATION —		own. State
	1 St Burtal 2 Cremation 3 St Ram 4 Donation 5 Other (Specify)	A	other ple	ace)	wn C	emet	erv						N.Y.
	21. SIGNATURE OF PUMERAL SERVICE LI	22. NAME AND ADDRESS OF FACILITY  Ullrich Funeral Home Berlin, Md.							Md.				
	23. PART I. Enter the diseases, pr shock, or heert failure. IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	a. Acua		Low	kan		de of dying	g, auch a	na cardied	or reepl	ratory an	rest,	Approximate Interval Between Onset and Death
MOLL	Sequentielly liet conditions, if eny, leeding to immediate	b	OR AS A CONSE										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other significant condition	resulting in the underlying cause given in Part			Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO		241	b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER2	HOSPITAL:			OTHE		ACE OF DEA	ATH (Check	k only one)				
HAS	1 TYES 2 NO  2 MANNER OF DEATH	1   Inpatient 2   28a. DATE OF I	NJURY	3 DOA 4 Nursing Home 5 Residence 8 0 (28b. TIME OF 28c. INJURY AT 28d.					Specify)	NJURY OC	CURED		
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	INJURY M WORK?  1 YES 2 NO				281. LOCATION (Street and Number or Rural Route Number,				Route Number,			
ETED	4 Homicide determined		Hc. (Specify)							Town, State)			
COMPLETED	(Check only	ER: On the best of se											(a) and manner as stated.
E E	29b. SIGNATURE AND TITLE OF CENTURE	rel	1	pu	>		29c. LICEN	G27					0 (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	. ^		11	e, Print)		Solish	)		126		, ,	
ا م	31. DATE FILED (Month, Dey, Year)	32. REGISTRAI	CONO.	مالي	<i>J</i> [ ·		- [100	0	1 100	1 100	, - /		



1992

3. TIME OF DEATH

8. BIRTNPLACE (State or Foreign

4:05

AM

2. DATE OF DEATH NOVEMBER 13,

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CRAIG,

M.D.

EUGENE

4. SOCIAL SECURITY NUMBER

VIRGIL EUGENE HARMON

5. SEX

TO BE

1	_ 213 12 991	0	f M 2 F	70	YRS.		UNITE	Moons	MAY	2, 192	22	VIRG	INIA
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATN  9c. COUNTY OF DEATN										TN		
DIMECTOR	VA MEDICAL		R			FOR	RT E	IOWARI	D		BALT	'IMOR	E
<u>.</u>	RESIDENCE OF DEC	10b. COUNT	,		100 00	V YOURI OF	10047	101				-	
	MARYLAND BALTIMORE				10c. CITY, TOWN OR LOCATION REISTERSTOWN								Dd. INSIDE CITY LIMITS?
		10e. STREET AND NUMBER				TOLEN	_	ZIP CODE			YES 2 NO		
	200 ERIN W						101	21136		U.S.A.			AT COUNTRY?
	11. MARITAL STATUS	n.	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. W	AS DEC						- American Indian,
	1 Never Married 2 X		FORCES? 1	FORCES? 1 XYES 2 NO If yes, specify Cuben, Me 1 YES 2 NO Sp $1 - 2 - 2 - 10/46$			, Mexican, Puerti	Mexican, Puerto Rican, etc.)  Specify:  Specify:					
	15. DEC	EDENT'S EDU								WHITE			
	(Specify onl					16b. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working Iffe. Do NOT use retired.)  STEAMFITTER					SINESS/INDU	STRY	
	17. FATHER'S NAME (First, M					18. MOTH	ER'S NAME (First	, Middle, Malden	Surname)				
	ROBERT FLO	YD HAR	MON		DAISY MARI					IE MICH	IAEL		
	19a. INFORMANT'S NAME (7	19e. INFORMANT'S NAME (Type/Print)  Charlotto F Harmon				ADDRESS (	(Street e	nd Number o	or Rural Route Nu	mber, City or Tow	m, State, Zip (	Code)	
	Charlotte 1		200	Erin	Way	, Rei	isterst	own, MI	211	36			
	20a. METHOD OF DISPOSIT XIX Burial 2 □ Cremetic		CEAND DATE		TION /Na	me of	DA	TE 20c. LC	CATION - C	ity or Town	, State		
1	4 Donation 5 Other	(Specify)		Eve	ergree	n Mem				11/16/	92 Fi	nksb	irg, MD
4 Donation 5 Other (Specify) Evergreen Memorial Gardens - 11/16/92 Fire 21. Signarume of Funeral Service Licensee 22. Name and address of Facility 11824 Reis									ster	stown Rd			
Kame B Eline Funeral Home Reisterstown,													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  CARDIOPULMONARY ARREST  OUE TO (OR AS A CONSEQUENCE OF):  CHRONIC OBSTRUCTIVE LUNG DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  CONGESTIVE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  d.													
j		-	J										
	PART II. Other algnifica	eath but no	ot reaulting	in the und	erlying	cause gi	ven in Part I.	24a. WAS AN PERFOR	RMEO?	O O	ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO		
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF OE	ATH (Check only o	one)			
	1 TES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:		5 Res	idence 8 🗆 Ott	ner (Specify)			
		Pending	20s. DATE OF IN (Month, Day,	IJURY Year)	28b. TIM		8c. INJU	JRY AT	28d. O	ESCRIBE NOW I	NJURY OCCU	RED	
1	3 Suicide 8	nvestigation Could not be determined	28e. PLACE OF I	INJURY — At c. (Specify)	home, farm,	street, factor			281. LO	CATION (Street of yor Town, State)		r Rural Rou	le Number,
COURT LE			CIAN: To the best of m										
3			R: On the basis of exer	mination and/	or investigation	n, in my opi	nlon, de	eath occure	d at the time, dat	te and place, an	d due to the	ceuse(e) e	nd menner se stated
	296. SICHATTON AND TITLE	O CERTIFIER	M		5				SE NUMBER		29d. DATE		onth, Day, Year)
	M	/	V .	/				DAI	6000			-13.	-92

HO COMPLETED CAUSE OF BEATH (ITEM 27) (Spe. Prog)

Jula Daniel Sichard

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND 21052

Salar Sa

E 100

X 13146, BALTIMORE, MARYLAND	TO THE HOSPITAL OF ATTENDING PROBLEM. The requires that the death certificate be executed within, a fours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR AND THE CONTROL OF THE DESCRIPTION OF THE ALENDARY OF THE PROPERTY AND THE FUNERAL DIRECTOR, PAGE 5 Should be detached to find within 72 hours and section, or removal.	IMPORTANT. If Item 28 is marked to leave 3 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
. 80	rtificate	ig physic	ther to
0	eath cer	tal Hvo	f. or 0
RECORDS,	equires that the de	nen signed by the a	s shows any Injury
PE MEA	GIGIAN: The II	the State De	Section 2
DIVISION OF WHAT RECORDS, P.O. BOX 13146,	AL OR ATTENDING PH	AL DIRECTOR: After the 2 hours after deep death will	I Item 28 is marki
	TO THE HOSPIT	TO THE FUNERA	IMPORTANT: I

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	RENCE		JAMES	2. DATE OF I	DEATH	Q 2	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 217-18-3236  90. FACILITY NAME (If not institution, give	5. SEX 6. AGE	89 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	(Month, De 12–15	y, Year) -02	Coun	sylvania				
TOR	Chesapeake Manor	Nursing Cent	er	Arnold		A	nne_A	runde1				
DIRECTOR		e Arundel	10c. CITY, T					10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER  Chesapeake Manor  11. MARITAL STATUS	Nursing Cent	er College	101. ZIP CODE Pky 21012			U.S.A					
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO ]	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1  YES 2 NO Spe	PANIC ORIGIN? (S Icen, Puerto Ricer ocify:	pecify Yes or No- n, atc.)	- 14. RAC Blac Spe	E - American Indian, ck, White, etc. chy: White				
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	UCATION de completed) College (1-4 or 5 +)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIN	ID OF BUSINESS/	INDUSTRY					
OMP	17. FATHER'S NAME (First, Middle, Lest)		Homemake		HO		-1					
	August Mills				ade Wil		9)					
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street and Number or Rui			Zip Code)					
۲	Chesapeake Mand	or Nursing Ct	r. College	Parkway, Arn	old MD	21012						
	20e. METHOD OF DISPOSITION  1	moval from State	other place)	on (Name of comotory, cromatory of ational Cemet		20c. LOCATION Arling	4					
	21. SIGNAPORE OF EUNERAL SERVICE L	Barren		22. NAME AND ADDRESS OF Barranco Fun		495	Ritch	ie Hwy.				
	IMMEDIATE CAUSE (Final	complications that cause Liat only one ceuse on	each lina.		e.			Approximate Interval Between Onset and Dasth				
	disesse or condition reculting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	Co 1	eller	e of o						
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, laeding to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST											
	PART II. Other significent condition	one contributing to death	but not resulting in t	he underlying cause given	In Part I 24	. WAS AN AUTOP	ev I 24	b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL	Chronie	Hermel	ine 1	Discory		PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
AN:	25. WAS CASE REFERRED TO MEDICAL											
SICI	EXAMINER?	HOSPITAL:		THER:		and the						
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O		1	BE HOW INJURY	OCCURED					
ВУР	1 Natúral 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJOR	WORK?  1 YES 2 NO								
	3 Suicida 8 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streedly)	et, factory, office	28t. LOCATIO	ON (Street and Num own, State)	ber or Rural	Route Number,				
COMPLET	anal			t the time, date end piece, end on my opinion, death occured at				(e) end menner se stated.				
BE	29b, SIGNATURE AND TITLE OF CERTIFI	ER ATTEND	V- CYRIA	10 C 29c. LICENSE I	2/6 8	4 29d. I	DATE SIGNE	D (Month, Day, Year)				
10	30. NAME AND ADDRESS OF PERSON W	- MD 16	00 CRA	_ ,	08 6	LENBU						
	31. DATE FILED (1900) Page 1999 199	32 Filte District	MINACONDAIN	,	<del></del>							

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BALTIMORE, MARYLAND 21203-3146

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L RECORDS P. O. BOX 131	All I
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REC	aw requir
ITAL	N: The I
N OF VITAL F	PHYSICIA
DIVISION	SPITAL OR ATTENDING PHYSICIAN: The law requi
ā	SPITAL OR

31. DATE FILEO (Month, Day, Year)
NUV 0 6 1992

32. REGISTRAR'S SIGNATURE
July doon-Randelle

	FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO	E	- 00071
	1. DECEDENT'S NAME (First, Middle, Last)	Violet	Johnson		2. DATE OF DEATH	92 YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-03-1284	1 D M 2 De 9	YRS.	UNDER 1 YEAR   IF UNDER 24 HRS.  NTHS   DAYS   HOURS   MIN.	7. OATE OF BIRTH  Moreth, Day, Year)	Cc	puntry)  Md.
SR.	9a. FACILITY NAME (If not institution, give si HOME	treet and number)	91	Pocomoke	DEATH	WORCE	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md.  WOY	cester		own or location	-		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL D	10a. STREET AND NUMBER 34300 Wor			101. ZIP CODE 21851		10g. CITIZEN O	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 K NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi- 1  YES 2 NO Specific	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n Dome	done during most of working titred.)	House		Ν
BE CON		Henry Kers	ey .		AME (First, Middle, Malden Logan	Sumame)	
10	19a. INFORMANT'S NAME (Type/Prini) Mardella Jo	oh <b>ns</b> on		Worth Rd.			
	20a. METHOD OF DISPOSITION 1 September 2 Comment 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) Tin	on (Name of cemeter), cremetory of Sley Memoria	20c. LC P	cation – city of OCOMOK	or Town, State Ce, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Wharton		22. NAME AND ADDRESS OF Wharton Fo		me-Acc	omac, Va.
	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only Dne cause Dn a	ach lina.	enter the mode of dying, so		iratory srrest,	Approximate Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUENCE OF):				
		d		4. 4.4.	- Brat Las mass		
: MEDICAL	PART II. Other significant condition	a contributing to death t	or not resulting in	the underlying causa given	in Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	Check only one)		
IXSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Out		☐ Nursing Home 5 ( Tresidence	e 6 Other (Specify)	IN HIRY OCCUPE	in.
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	WORK?  M 1 YES 2 NO			
മെ	2 Accident		- At home, farm, atro	et, factory, office	281. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	cify)		Only or rown, class		
	3 Suicide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only)	building, atc. (Spe	cify) riedge, death occurred	at the time, data and place, and d	lue to the cause(a) and ma		use(e) and manner as stated.
TO BE COMPLETED B	3 Suicide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only)	building, atc. (Spe	riedge, death occurred on and/or investigation,	in my opinion, death occured at t	ue to the cause(a) and me	nd due to the ce	GNED (Month, Day, Year)

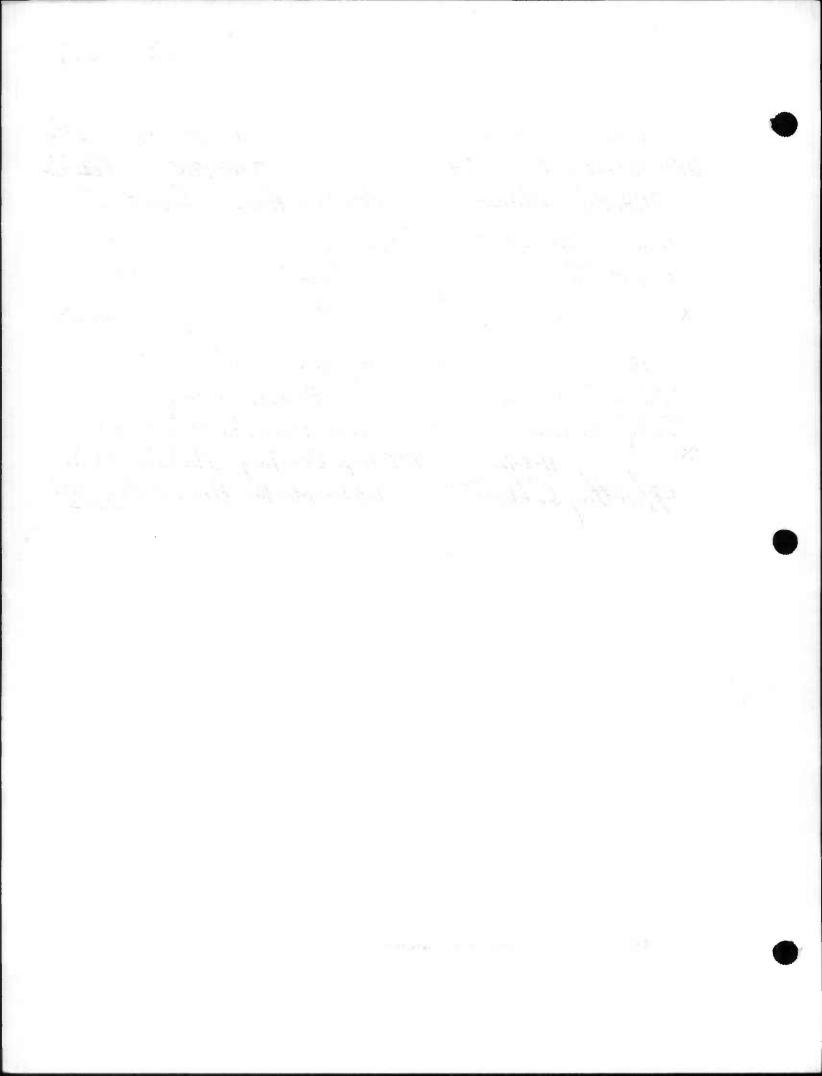
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TO THE HOSPITAL OR ATTENDING PRIVEDIAN: The INV. COLOR OF THE EXECUTED Within 24 mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After the Color of the Same Decreament of the filed within 72 hours after death with the Same Decreament of the filed within 72 hours after death with the Same Decreament of the filed within 72 hours after death with the Same Decreament of the filed within 72 hours after death with the Same Decreament of the filed within 72 hours after death with the Same Decreament of the filed within 72 hours after death within 52 hours after death within 52 hours after death within 53 hours after death within 54 hours after death within 54 hours after death within 55 hours after death within 56 hours after death within 57 hours after death within 58 hours afte
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		FOR	STATE OF MARYLAND / D	FPARTMENT NE I	JEAITH AND F	MENTAL	HAGIEN	E		
	•	1 - STATE REGISTRAR		RTIFICATE OF		HEN IN	REG. NO.			
	ļ	1. DECEDENT'S NAME (First, Middle, Last)	Johnson			2. OATE	OF DEATH	Y 9"	3. 1	TIME OF DEATH 5
		~ 1	SEX 6. AGE (In yrs. lest bit	YRS. WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		BIRTHPLA Country)	E (State or Foreign
9	4	9a. FACILITY NAME (If not institution, give street	and number) MANOT	101	CESS K	_		Som		rT
E	5	RESIDENCE OF DECEDENT								El
DIBECTOR			orcester	Pocomo	KE					NSIDE CITY UMITS? YES 2 NO
FINEDAL	בוערו	604 A. ST.		10	H. ZIP CODE			10g. CITIZEN	J. S	COUNTRY?
>	5	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	, WAS DECEDENT EVER IN U.S. ARME FORCES? 1 ☐ YES 2 X NO IF YES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPAN Decity Cuban, Maxica S 2 NO Specify	n, Puarto P	? (Specify Yea ilcan, etc.)	or No 14.	RACE — Black, Wh Specify:	American Indian, ilta, atc.
Once.	75150	15. OECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	(Give	DENT'S USUAL OCCUPATI kind of work done during m o NOT use petired.)	ON ost of working	1000		HAN I		
11 65		17. FATHER'S NAME First, Middle, Last)	150n Sr.	er Emp	16. MOTHER'S NA			Surname)		
		190. INFORMANT'S NAME (Type/Print)	19b. N	AILING ADDRESS (Street	and Number or Rural I	Poute Numb			-18S	-,
must be		20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramoval 4 Donation 6 Other (Specify)	from State 20b. PLACE OF other place,	MT. Hop	emetery, crematory or	tmy	20c. LO	CATION - CHY	or Town,	md,
examiner must		21. SIGNATURE OF BOMERAL SERVICE LICENT	, lease	103 t	AMPARM	HUE.	Prin	CKSS	Anr	IE Mel
medica		23. PART I. Enter the diseases, or com	plications that caused the deets	n. Do not enter tha m	oda of dying, suc	h as card	lisc or reepl	ratory srrest	,	Approximate
ine ine	}	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Male	24.						Interval Between Onset and Death
c even		resulting in deetily	DUE TO (OR AS A CONSEQUE	ence of:	e of head					
traumatic event,	5	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUE	ENCE OF):  a z ) lenil	M. W.		-			
y, or other traumatic		CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE							
5 6	3	a								
	TWO ICE	PART II. Other significant conditions of	ontributing to death but not res	ulting in the underlyli	ng cause given in	Part I.	24a. WAS AN PERFOR	RMED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
2 V	Ε					_			1 [	YES 2 NO
A N	140	25. WAS CASE REFERRED TO MEDICAL		26. 5	PLACE OF DEATH (Ch	eck only on	0)			
DHVCICIAN.	200	EXAMINER?	OSPITAL:	OTHER:	me 5 🗆 Residence		· · · · · · · · · · · · · · · · · · ·			
0. g		27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF 28c. IN	JURY AT			NJURY OCCUR	ED	
marke D V D		1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		YES 2 NO					
28 18		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home building, atc. (Specify)	, farm, street, factory, offi	ca		ATION (Street or Town, State)	and Number or	Rural Route	Number,
IMPORTANT: If item 28 is	OMPLE	enal	N: To the best of my knowledge, death On the basis of examination and/or inv						ause(a) an	d manner as stated.
PORTA		296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Mo	nth, Day, Year)
T C	- 11	E 6 here			PIJ	-031		<b>&gt;</b>	11-	5 42
T F	-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM 2	27) (Type, Print)						

unne

MD



•	1 - STATE REGISTRAR		C	ERTIF	ICATI	E OF	DEAT	ГН		REG. NO.				
- 5	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF			VEAR	3. TIME OF DEATH	
	Jacob		ander			nes			11	07	199		11:11A. M	
8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	ev. Yeart		Country)		
	218-52-0472  9a. FACILITY NAME (If not institution, give s	M 2 F	43	THO.	as city	TOWN C	20 LOCATI	ON OF DE	AUG	12	1949		ARYLAND	
R		ilot Town Road						96. CITY, TOWN OR LOCATION OF DEATH  Conowingo  Cecil						
CTOR	RESIDENCE OF DECEDENT			-		-								
à	10a. STATE 10b. COUNTY	CECIL			Y, TOWN O								10d. INSIDE CITY LIMITS? VV	
2	10e, STREET AND NUMBER	CECTA			OIAO		ZIP COD				T AITITE		1 TES 2 THO	
FUNERAL DIR	19 PILOTTOWN R	OAD				101.		918			10g. CITIZI	EN OF WI	HAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF	RMEO	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (	Specify Yes	or No 1	14. RACE	- American Indian.	
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2-1	NO		If yes, spe 1   YES	XXX XV	n, Mexican Specify:	n, Puerto Rica	n, etc.)		Black, Specify	WHITE	
		<u> </u>												
COMPLETED	15. DECEDENT'S EDUN (Specify only highest grade	completed)	(0	ECEDENT'S Give kind of a. Do NOT u	work done			g	16b, KJ	ND OF BU	SINESS/INDU	STRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)	OREN	,	*				REE	SER	VICE	2	
Š	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	ER'S NAM	ME (First, Midd					
BE C	JACOB ALEXANDE	R JONES	SR.				NE	LLI	E ANI	V PI	LKEN	TEN		
2	19a. INFORMANT'S NAME (Type/Print)								loute Number,					
-	WANDA D. JONES							AD,	CONC	_				
	20a. METHOD OF DISPOSITION TV Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	20b. PLACE cemetery,					17.17	11-11		CATION — C			
		CENSES	SLAI	E R	22.	EDWELLON	N VD AND AND AND AND AND AND AND AND AND AN	KI	TIT-T	ד ג פי	ELTA		<u> </u>	
	110	1/1	0	Į.					, MAI			L		
$\dashv$	23. PART V Enter the diseases, or o	complication (h)	pode	<u></u>					•					
	shock, or heart fellure. List only one			eath Do	not enter	the mo	de of dal	euch	conflor			-a	I A neutrophe	
	snock, or neert tellure.	List only one cau	ise on each line	eath. Do i	not enter	the mo	de of dy	ng, such	as cardiad	or respi	ratory arre	st,	Approximate Interval Between Oncel and Deeth	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		use on each line	е.						or respi	ratory arre	st,		
	IMMEDIATE CAUSE (Final disease or condition	List only one cau	Drug (cor as a conse	doxer	in)					or respi	ratory arre	st,	Interval Between	
NC	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO	Drug (d	doxep	oin) Fi:					or respi	ratory arre	st,	Interval Between	
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO	Drug (d	doxep	oin) Fi:					or respi	ratory arre	et,	Interval Between	
FICATION	Sequentially list conditions, if any, leading to impediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	Drug (d	doxep GOVENCE O	oin) fj:					or respl	ratory arre	st,	Interval Between	
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	Drug (cor as a conse	doxep GOVENCE O	oin) fj:					c or respl	ratory arre	st,	Interval Between	
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  DUE TO  DUE TO	Drug (( OR AS A CONSE	doxep quence o	oin) ep: ep:	into	xica	tion					Interval Between Onsei and Death	
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	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  DUE TO  DUE TO	Drug (( OR AS A CONSE	doxep quence o	oin) ep: ep:	into	xica	tion	Part I. 24	a. WAS AN	AUTOPSY IMED?	240.	Interval Between Onset and Death  WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO  DUE TO  DUE TO	Drug (( OR AS A CONSE	doxep quence o	oin) ep: ep:	into	xica	tion	Part I. 24	a. WAS AN	AUTOPSY IMED?	240.	Interval Between Onset and Death  WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  \$\frac{1}{2} \text{NYES 2} \square NO  27. MANNER OF DEATH	DUE TO b. OUE TO c. DUE TO d. HOSPITAL:	Drug (( OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	GOVERCE O	oin) F): F): OTHEI	into  26. PL R: Wing Home	G CRUSE (	tion	Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	a. WAS AN PERFOR	AUTOPSY IMED? IMED? INO	24b. )	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  ***CYCLE OF THE CONDITION OF THE CONDITI	DUE TO b. OUE TO c. DUE TO d	Drug (() OR AS A CONSE OR AS A CONSE OR AS A CONSE Description of the construction of	GOVERCE O	OIN) F): F): In the un  OTHEL A INTERPLICATION Street, fact	into  26. PL R: Wing Home 28c. INJI WO	G CRUSE (	tion given in I	Part I. 24  1  1  1  1  1  28  1  28  1  28  Differ (S  28d, DESCR  Subjec	a. WAS AN PERFOR	AUTOPSY IMED?  NO  NURY OCCU	24b. )	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  VES 2 NO	
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  ***********************************	DUE TO b. OUE TO c. DUE TO d	Drug (() (OR AS A CONSE (OR AS A CON	GOUENCE O	OTHEL  OT	into  26. PL R: sing Hom 28c. INJI WO 1	DIXICA  TO CRUSE (  ACE OF D  WITH AT  RK7  YES 2 X  and place, eath occur	EATH (Che sidence :	Part I. 24  1  Other (S  28d, DESCR  Subject  281, LOCATH  City or 1  19 Pi  10 the cause(  time, data and	a. WAS AN PERFORMANCE OF THE PER	AUTOPSY MED?  NO  NJURY OCCL  Reste Can Aumor p Can T Cown R  nor as stated d dive to the	JRED  d d o  r Aural Ro  d . , (d	NERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  WEN 2 NO  ON 100 Number, Nide 21918 Conowingo, and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Natural 5 Pending investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO b. OUE TO c. DUE TO d	Drug (() (OR AS A CONSE (OR AS A CON	GOUENCE O	OTHEL  OT	into  26. PL R: sing Hom 28c. INJI WO 1	DIXICA  TO CRUSE (  ACE OF D  WITH AT  RK7  YES 2 X  and place, eath occur	given in I	Part I. 24  1  1  28d. DESCR Subject 281. LOCATH City or 1  19 Pi  10 the cause( time, data and	a. WAS AN PERFOR  PERFOR  PERFOR  IN (Street in own, State)  Lot own, State)  a) and mar  d place, an	AUTOPSY IMEO?  NO NURY OCCU  Reste R	JRED  d d o  r Rural Ro  d .  cause(a) :	Interval Between Onset and Death  WERE AUTOPSY FINDINGS MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  WE 2 NO  OXE PIN  OXE PI	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Natural 5 Pending investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	DUE TO b. OUE TO c. DUE TO d	Drug (() OR AS A CONSE (OR AS A CONS	GOUENCE O	OTHEL  OT	into  26. PL R: sing Hom 28c. INJI WO 1	DIXICA  TO CRUSE (  ACE OF D  WITH AT  RK7  YES 2 X  and place, eath occur	given in I	Part I. 24  1  Other (S  28d, DESCR  Subject  281, LOCATH  City or 1  19 Pi  10 the cause(  time, data and	a. WAS AN PERFOR  PERFOR  PERFOR  IN (Street in own, State)  Lot own, State)  a) and mar  d place, an	AUTOPSY IMEO?  NO NURY OCCU  Reste R	JRED  d d o  r Rural Ro  d .  cause(a) :	NERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  WEN 2 NO  ON 100 Number, Nide 21918 Conowingo, and manner as stated.	

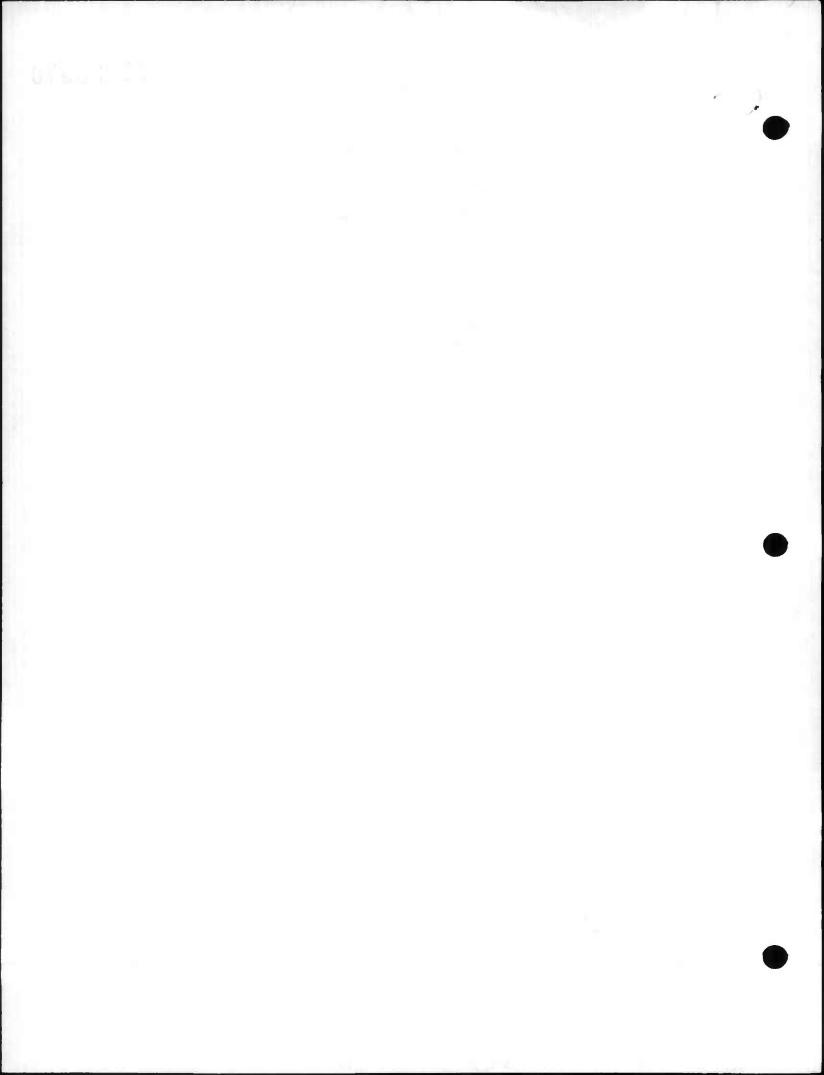
seped by the attending physician and completely filled in by the fundral director, page 5 should be detached for use as the burjal-transit means and Mental Hygiene prior to burjal, committee, or removal. nums that the death cardificate be executed within 24 hours after from. Page 6 may be retained by the hospital or attending physician.

on tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICAL TO THE FUNERAL DIRECTOR: After this doe filed within 72 hours after death with 10 IMPORTANT: If Item 28 is marked,



permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPIAL OR ATTENDED PRESENT THE law requires that the death certificate be executed within 24 hours efter death, Page 6 may be retained by the hospital or attending physician.	Unit H. Divikhar, Divikcijors. Imas peren signed by the attending physician and competely illined in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours affect an image and the state of the signed by the signed before the burial, cremation, or remove, page 5 should be detached for use as the burial-transit	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ones.
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Charles W. }
31. DATE FILED (Morith, Day, Year)
NOV 1 9 1992

1 - FOR STATE REGISTRAR	STATE OF MARYL					MENTA				0075
1. OECEDENT'S NAME (First, Middle, Lest) GEORGE JENK	INS					2. DAT	E OF DEATH MBER I	Ž 199Ž	EAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-16-8915	The second second				IF UNDER 24 HRS. HOURS MIN.	(Mor	th. Dev. Year)	8.	BIRTHPL/ Country)	VCE (State or Foreign YLAND
1203 McGUCKIN STR			1			EATH				
10e. STATE 10b. COUNT					ON					d. INSIDE CITY LIMITS?  YES 2 NO
100. STREET AND NUMBER 1203 McGUCKIN STR	EET		-	10f.	ZIP COOE 21401					T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	FORCES? 1 \( \sum \) YES IF YES, GIVE WAR OR E	2 NO	13	If yes, spe	city Cuban, Mexic	an, Puerto				American Indian, hite, etc.
15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION	16a. DECEDENT'S (Give kind of life. Do NOT u	work done se retired.	during mos	N t of working	16				SITY
17. FATHER'S NAME (First, Middle, Last) GEORGE JENKINS					GERTRU	DE C	ARTER			
GEORGE JENKINS		111								
	coval from State	petary, crematory or s ARYLAND	OF DISPO	RAN C	EMETERY	11/	TE 20c. LO	CROWNS	or Town,	State E. MD.
21. SIGNATURE OF FUNERAL SERVICE LIN	Rese		R 22	EESE	& SONS	MORT	UARY, 1	P.A.		
23. PART I. Enter the diseases, er ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Churic of	servili	not ente	er the mod	necy fo	bro	rdiec or reap	Sewa		Approximate Interval Between Onset and Death Congress of Death Con
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6	OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other aignificant condition	ne contributing to death t	out not resulting	in the u	underlying	cause given in	Part i.	PERFOR	IMED?	AW CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					NCE OF DEATH (C)	neck only o	nne)			
1 TYES 2 THO	1 Inpatient 2 ER/Out		4 🗆 Nu	ursing Home						
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M	1   YI	IK?	28d. DE	SCRIBE HOW II	NJURY OCCUR	ED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, cify)	street, fa	ctory, office		281. LO	CATION (Street or or Town, State)	and Number or	Rural Route	Number,
									nuse(s) so	d menner se etetad
					29c. LICENSE NU	MBER		29d. DATE S	GNEO (Mo	nth, Day, Year)
	1. OECEDENT'S NAME (First, Middle, Last) GEORGE JENK 4. SOCIAL SECURITY NUMBER 212-16-8915 9a. FACILITY NAME (If not institution, give in 1203 McGUCKIN STR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT MARYLAND ANN 10e. STREET AND NUMBER 1203 McGUCKIN STR 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced  15. OECEDENT'S EDU. (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) GEORGE JENKINS 19a. INFORMANT'S NAME (Type/Print) GEORGE JENKINS 20a. METHOD OF DISPOSITION 1 Natural 2 Cremation 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LINE 23. PART I. Enter the diseases, er abock, or heart failure. IMMEDIATE CAUSE (Disease or injury that initiated events resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition 25. 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WAS OECEDENT, EVER FORCES? 1 Never Married 3 Widowed 4 Divorced 17c. FATHER'S NAME (First, Mickin, Last) GEORGE JENKINS 19c. MFORMANT'S NAME (Type/Print) GEORGE JENKINS 20c. METHOD OF DISPOSITION 18c. Divorced Signal State 18c. December of Divorced Signal State	1. OCCEDENT'S NAME (First, Middin, Last) GEORGE JENKINS 4. SOCIAL SECURITY NUMBER 212-16-8915  3. PACRITY NAME (If not institution, ove strest and number) 1203 McGUCKIN STREET  RESIDENCE OF OECEDENT 106. STATE 106. COUNTY MARYLAND ANNE ARUNDEL 107. STREET NO NUMBER 1203 McGUCKIN STREET 11. MARITAL STATUS 1203 McGUCKIN STREET 11. MARITAL STATUS 1204 McGUCKIN STREET 11. MARITAL STATUS 1205 McGUCKIN STREET 11. MARITAL STATUS 1206 McGUCKIN STREET 11. MARITAL STATUS 1207 McGUCKIN STREET 11. MARITAL STATUS 1208 McGUCKIN STREET 11. MARITAL STATUS 1208 McGUCKIN STREET 1209 McGUCKIN STREET 1209 McGUCKIN STREET 13. MARITAL STATUS 1208 McGUCKIN STREET 14. MARITAL STATUS 15. OCCEDENT'S EDUCATION (Specify only highest grade completed) 15. OCCEDENT'S EDUCATION (Specify only highest grade completed) 16. DeceDENT'S Global Marital 17. FATHER'S NAME (First, Middin, Last) GEORGE JENKINS 190. INFORMANT'S NAME (First, Middin, Last) GEORGE JENKINS 190. MCTHOO OF DISPOSITION 18. Murial 2 Completion 3 Removel from State 4 Denoation 6 On Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  18. MARITAL STATUS 20. MARIDATE CAUSE (Final diseases or condition resulting in death) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. WAS CASE REFERENCE TO MEDICAL EXAMINER: 1 Other significant conditions contributing to death but not resulting in death)  22. WAS CASE REFERENCE TO MEDICAL EXAMINER: 1 Other significant conditions contributing to death but not resulting in death)  22. WAS CASE REFERENCE TO MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only) 2 MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only) 2 MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only) 2 MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only) 2 MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only) 2 MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only) 2 MEDICAL EXAMINER: On the best of my knowledge, death occur (Check only) 2 MEDICAL EXAMINER: On the best of	1. OCCEDENT'S NAME (PIRIL, Middin, Last) GEORGE JENKINS 1. OCCEDENT'S NAME (PIRIL, Middin, Last) GEORGE JENKINS 1. SEX S. SEX S. AGE (In yrs. last birthday) 1. SEX MS 2 F 76 YRS.  1. OCCEDENT'S NAME (PIRIL MINE) 1. SEX MS 2 F 76 YRS.  1. OCCEDENT'S SEX MS 2 F 76 YRS.  1. OCCEDENT'S SEX MS MS 2 F 76 YRS.  1. OCCEDENT'S SEX MS	1. OECEDENT'S NAME (First, Michig, Last) GEORGE JENKINS  4. SOCIAL SECURITY NUMBER 1. SEX   S. AGE (in yra, lest beinday)   FURGER ITEAL MICHIGAN   SECURITY NUMBER   S. SEX   S. AGE (in yra, lest beinday)   FURGER ITEAL MICHIGAN   STREET   Security NUMBER   S. SEX   S. AGE (in yra, lest beinday)   FURGER ITEAL MICHIGAN   STREET   Security NUMBER   S. SEX   S. AGE (in yra, lest beinday)   FURGER ITEAL MICHIGAN   STREET   Security NUMBER   S. SEX   S. AGE (in yra, lest beinday)   FURGER ITEAL ANN APOL    18. FRACILITY MAME (if not institution, pive stower and number)   12. OECEDENTY   Sec. CITY, TOWN OR ANNAPOL    18. STREET ANN OLUMBER   STREET   SOC. COUNTY   SOC. CITY, TOWN OR LOCAT ANNAPOL   STREET   STREET   SOC. CITY, TOWN OR LOCAT ANNAPOL    19. MARYLAND   ANNE ARRUNDEL   STREET   SOC. CITY, TOWN OR LOCAT ANNAPOL   STREET   STREET	1. STATE PROBESTRAN CONTROL AND CONTROL AND CONTROL OF DEATH  1. OCCOUNTY NUMBER S. S. SEX X. M. S. D. T. 76 YES. SHOTING DAYS HOUSE SEVEN S. S. SEX X. M. S. D. T. 76 YES. SHOTING DAYS HOUSE SEVEN S. S. SEX X. M. S. D. T. 76 YES. SHOTING DAYS HOUSE SEVEN S. S. SEX X. M. S. D. T. 76 YES. SHOTING DAYS HOUSE SEVEN S. S. SEX X. M. S. D. T. 76 YES. SHOTING DAYS HOUSE SEVEN S. C. CTY. TOWN ON LOCATION OF E. ANNAPOLIS  9.6. PACILITY NAME (For to Institution, playe seven and number)  1.2. D. S. STATE S. D. C. C. C. T. TOWN ON LOCATION OF E. ANNAPOLIS  9.6. PACILITY NAME (For to Institution, playe seven and number)  1. D. STATE S. D. C.	1 STATE REGISTRAN 1. OCCEDITS NAME (First, Models, Last) GERGE JENKINS 2 A SOCIAL SECURITY NUMBER 2.1.2-16-89.15 2.1.2-16-89.16 2.1.2-16-89.15 2.1.2-16-89.16 2.1.2-1	1. ORDEROTY BANK (Park, Modes, Law) GERT   FUNCTION   CHARLE   AND MEMBER   S. SEX   S. AGE (F) yrs. bett behody)   TUBEL 1 TAM.   FUNCTION   CANNOT BE CONTINUE   CANNOT BE CONT	1. DEFENDENT AND REPORT MANER PLANT MANER AND ADDRESS FOR	1. OCCORDITION OF DETAIL AND MENTAL ENTITION OF DEATH  1. OCCORDITION O

CAUSE OF DEATH (ITEM 27) (Type, Print)
12RT, M.D. 1833A Forest Drive, Anna polis,

32. REGISTRAN'S SIGNATURE
Guha Day doon Andelle

TO THE HOSPITAL OR ATTENDING PHYS CIVIL TIME WITHOUT THE BOARD CONTINUE THE GROUN STRENGT AND THE GROUNS AFTENDING PHYS CONTINUE OF THE PROPERTY OF ACTION OF THE HOSPITAL OR ATTENDING THE GROUN STRENGT OF THE PROPERTY OF T	TO THE FUNEFAL DIRECTOR: After this corrections are not after the attending physician and completely filled in by the funeral director, page 5 should	he prior to bunal, cremation, or removal.	er traumatic event, the medical examiner must be notified
death ce	e attendin	епта нуд	ury, or o
mat the	ned by the	M and M	any inji
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		STATE OF	
HYSICIA	lis one	W.	ned ber
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SPITAL (	NERAL D	MIN 72 PK	ATE IN THE
TO THE HOS	TO THE FUN	De filed with	IMPORTA

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	MARY C. JOI	HNSON			2. DATE O	OF DEATH	YE O	AR 2.	TIME OF OEATN	Am	
	1 11 110 01	5. SEX 6. AGE (In 1 M 2 PT 5	UNDER 1 YEAR NTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF C	3-	Day, Year)	M	ARYL		gn		
DIRECTOR	DEATON HUST	P. 4MEd. C.	TR.	BAIL	Md.	GC	1,09°	9c. COUNTY	OF DEAT	N		
	MARYLAND ANNE	E ARUNDEL ANNAPOLIS					10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER  162 BROWNSWOOD R	OAD		101	ZIP CODE				OF WHA	T COUNTRY?		
B		12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	If yes, spe	21401 ENGENT OF HISPA celty Cuban, Mexic 2 X NO Speci	an, Puerto Ri	(Specify Yes or		RACE — Black, W Spacify: BLAC	American Indian, hita, etc.			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		8a. DECEDENT'S USL (Give kind of work life. Do NOT use re CLERK	done during mo-	N It of working		TE INC			ION		
BE CON	17. FATHER'S NAME (First, Middle, Lest) HENKEL HENSON					RGARE	T HARR	ELL				
5	199. INFORMANT'S NAME (Nype/Print)  CLIFTON JOHNSON  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co 162 BROWNSWOOD RD. ANNAPOLIS, MD. 214									ode) 401		
	20s, METHOD OF DISPOSITION  1 Description    1 Descriptio	ni from State 20b. Pi comete AS I	LACE AND DATE OF D BY, crematory or other BURY BROA	ISPOSITION (Na DIACE) DNECK	ne of	OATE	20c. LOCA	TION — City 92 ST	or Town,	State RGARETS	M	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Donation 8   Other (Specify   ASBURY BROADNECK CHURCH CEME. 11/17/92     Signature of Funeral Service Licensee   22. Name and address of Facility REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD.								21401		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, interval Betwoonset and Definition of the control of the c										reen	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Pressure  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  Arterio felerofic Perebro Vascular disease.											
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  The significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1 YES 2 PAO  1 YES 2 PAO								CO OF	RE AUTOPSY FINDI	7	
MEIGIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (C)	neck only one,	)					
1		OSPITAL: Inpatient 2 - ER/Outpath  28s. DATE OF INJURY	ent 3 DOA 4		5 Residence	_						
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF	WO	ES 2 NO	28d. DESC	ILNI WON BBIRS	JRY OCCURE	.0			
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — building, stc. (Specify)	28f. LOCATION (Street and Number of City or Town, State)			Number or R	ural Floute	Number,				
COMPLETED		AN: To the best of my knowled On the basis of examination a							rse(s) an	d manner se state	d.	
BE	296. SIGNATURE AND TITLE OF CENTIFIER	160			29c, LICENSE NU 19858				SIGNED (MI) Hh, Doy, Year)			
10	6115. Chotes St.	Baltmon	, Ad.	21237	Ð			1				
	NOV 19 1992	32. REGISTRAR'S SIGNATIONAL DAVIDSON-18	inde 19				·-·					

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FOR STATE REGISTRAR

,	ENOLA		OWLES				2. DATE OF DEATH	1-99	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lee! birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH   8. BIRTH   MONTHS   DAYS   HOURS   MIN.   (Month, Day, 1/294)   Country   Country								HRTHPLACE (State or Foreign	
	219-28-1479 1 M 2 XF 84 YRS.   6-22-1908 Mar							ryland		
DIRECTOR	Maryland Marsidence of Dec	nor N				en Burnie		e. county o	e Arundel	
REC	10a. STATE	10b. COUNT	Y	10c. CITY	Y, TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	Anne	Arundel			n Burnie	9		1 TES 2 A NO	
RAI	E. Howard F	heo.	Glen Burnie		[ ]	of, ZIP CODE 21063	3	U.S.	OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS  1  Never Married 2  3  Vidowed 4  Divo	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2) NO	If yes, s		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, Whita, etc. Specify:		
	15. DEC	EDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS		aucasian	
COMPLETED	Elementary/Secondary (0	1	College (1-4 or 5+)	Ille. Do NOT us	vork done during n se retired.) emaker	lost or working	Н	ome		
BE CON	17. FATHER'S NAME (Flost, M Frank Evans						ME (First, Middle, Melden (Gardener)	Sumame)		
TO B	Mrs. Downie		Famiro				Route Number, City or Tow			
_	20a. METHOD OF DISPOSIT		, Esquire	20b. PLACE OF DISPOS			a Park, MD	21146		
	1 X Burial 2 Crematic	on 3 🗆 Rem	noval from State	other place)			h. Cem. E		Country telline to	
	21 MUNATURE OF FUNERA	L SERVICE L	CENSEE		Barra	and address of fa	ns Funeral	Home		
	495 Ritchie Hwy. Severna Park, MD 21146									
	23 PARTI I. Enter the d shock, or h IMMEDIATE CAUSE (Fir dispase or condition prouiting in death)	eart failure.	complications that cau List only one cause o	seed tha death. Do r n eech line.	DIA		ARC		Interval Between	
z			PSEL	A CONSEQUENCE OF	VLBI	TR P	ALSY			
CERTIFICATION	Sequantielly list condit if any, leeding to imme cause. Enter UNDERLY	diate	DUE TO (OR	AS A CONSEQUENCE OF	D . V	EME	ALTIN			
IFIC	CAUSE (Disease or Injuthat Initiated events	ary	C. OUE TO (OR	AS A CONSEQUENCE OF	F):			7		
ERT	resulting in death) LAS	T L	a. DV	ODE	VAL					
	PART II. Other algnificant conditions contributing to death but not resulting in the updarfying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDICAL	HUNTING ONS CHOREA 1 VES 2 NO						COMPLETION OF CAUSE OF DEATH?			
	TROM	D	EFICH	NCY ANAEMIA					1 TYES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 26. PLACE OF DEATN (Check only one)									
HYS	1 UPS 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)  27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED						ED			
ВУ Рі	1 Netural 8 🗆	Pending Investigation	(Month, Day, Ye		M 1					
0	3 Sulcide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated,									
E CO	2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.  2 oc. LICENSE NUMBER. 29d. DATE SIGNED (Month, Day, Year)									
TO BE	arry	My	ingh i	to Phon	of war	D	4160	> 11	1592	
	30. NAME AND ADDRESS &	SIN	IGH MIT	541	D-A	RITCH	IE HIG	HWA	Y BALTIMOR	
	31. DATE FILED (Month Day	1992	Juna Dandson	HOW THE WAST			Ma	2	(225.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

The state of the s

RECO	Q.
DIVISION OF VITAL A	THE HOSPITAL OR ATTENDING PRYSICIAN: The BANKS
	2

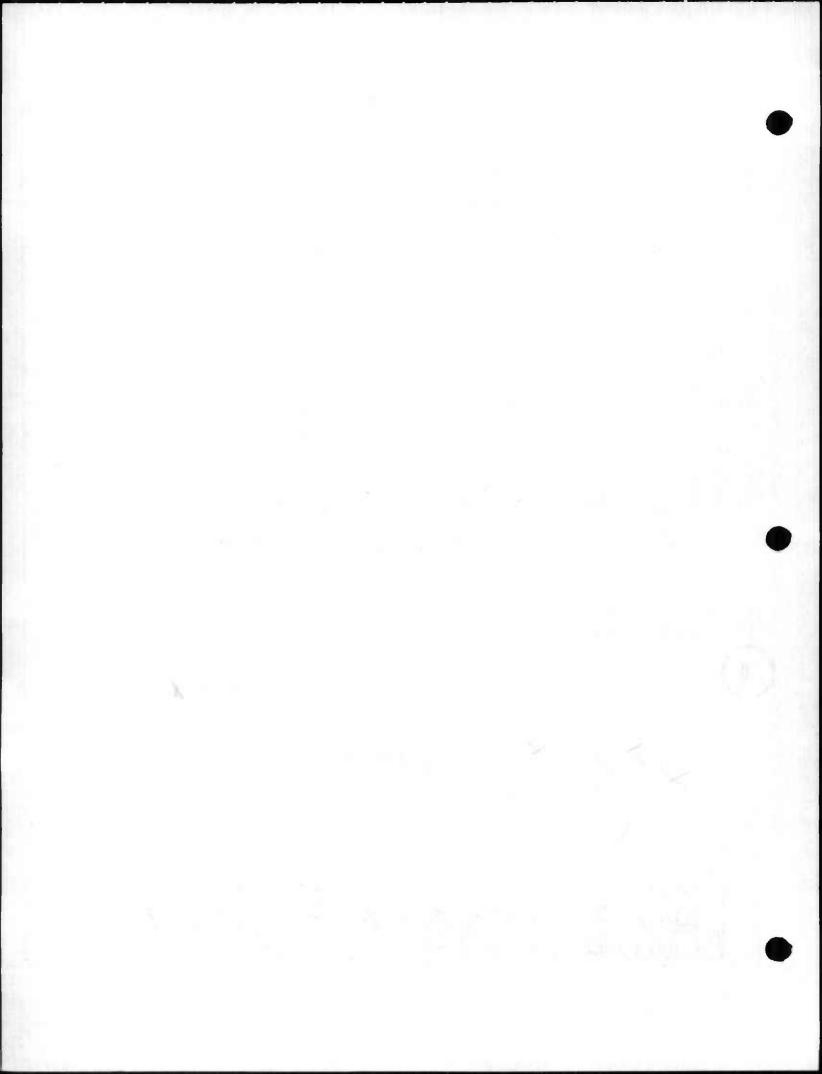
		FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYG			
		1. DECEDENT'S NAME (First, Middle, Last)  LARRY DIG	BY DIGBY	KREBS K	CEB S		2. DATE OF DEAT		3. TIME OF DEATH 103 500AM M	
9		-11/1.	5. SEX 6. AGE (I	In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTS (Month), Day, No. 099 17/13		BIRTHPLACE (State or Foreign Country) ARYLAND	
2. 3 should	стов	9a. FACILITY NAME (II not institution, give str FREDERICK MEMORIAI			96. CITY, TOWN OF	OR LOCATION OF DE	АТН	FREDI	y of DEATH ERICK	
. Pages 1.	DIREC	10a. STATE 10b. COUNTY CARE	ROLL	10c city	Y, TOWN OR LOCAT	FION E	<u> </u>		10d. INSIDE CITY LIMITS 1 YES 2 NO	
n. Insit permit.	¥	100. STREET AND NUMBER 210 E. BROADWAY			101	2179	1	10g. CITIZE	N OF WHAT COUNTRY?	
oding physician.	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Man Diporced	U.S. ARMED 2 NO NTES OREAN	If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:				I. RACE — American Indian, Black, White, etc.		
TLAND ZIZID-U by the hospital or attending be detached for use as the at once.	COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) Coffege (1-4 or 5+)	16a. DECEDENT'S (Give kind of w iffe. Do NOT us  DRIVER	USUAL OCCUPATION Work done during more retired.)	ON ist of working	1300 100001	F BUSINESS/INDUS	TRY	
		17. FATHER'S NAME (First, Middle, Last) JEAN KEENER KREBS	'	DALVER			ME (First, Middle, M.	alden Sumame)		
ortained to 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)  CONSTANCE M. KREBS	3		ADDRESS (Street a	and Number or Rural F		r Town, State, Zip Co	ode) MD 21791	
of Chie, tector, page must be	A876	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Hemor	TAT. 206.	PLACE AND DATE OF	F DISPOSITION (Na	ame of		c. LOCATION Cit		
DAL I INTO The safe of the funeral director.  Smoval.  Ilical examiner must	- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	V. Xarts	ler			BRIDGE,	BRIDGE, MD		
tred within 24 hours after completely filled in by the ial, cremation, or removal : event, the medical		23. PART I. Enter the diseases, or conshock, or heart failure. Limited in the constant of the	proplications that caused list only one cause on es	ich line.				respiratory arres	t, Approximate Interval Between Onset and Death	
th certificate be executed ending physician and con if Hygiene prior to buriat, or other traumatte en	ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (DR AS A	CONSEQUENCE OF	73ky 0	158458			YESTS	
te dea	MEDICAL C	PART II. Other significent conditions	contributing to deeth bu	ut not resulting i	n the underlying	g cause given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
V: The law cate has b State Dept.	SICIAN:		HOSPITAL:		26, PL	ACE OF DEATH (Chi	ock only one)			
of the se	PHYS	1 U YES 2 ANO  27. MANNER OF DEATH  TO Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIMI	E OF 28c. INJ URY WO	RK?		OW INJURY OCCUP	RED	
TTENDING TOR: After after death	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	treet, factory, offic	M 1 YES 2 NO  set, factory, office  261. LOCATION (Str. City or Rown, S		treet and Number or State)	reet and Number or Rural Route Number, tate)			
Po BR	OMPLET		AN: To the best of my knowle						couse(e) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	on Ka	han	- MD	29c. LICENSE NUN	IBER		IGNEO (Month, Day, Year)	
	10	30. NAME AND ADDRESS OF PERSON WHO SHERMAN KAHAN	915 TOLL HOL			EDERICK,	MD			
		31. DATE FILEO (Month, Dey. Year)	32. REGISTRAR'S SIGNA					-		

BALTIMORE, MARYLAND	or death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN, And Its Property and the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this cent frame the term of the design of the property filled in by the funeral director, page 5 should be detached to find within 72 hours after death with the property of the property of seminary.	IMPORTANT. If them 28 is merked, or teem 23 shown any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		ICATE OF		REG. NO					
1. DECEDENT'S NAME (First, Middle, L										
LILLIE  4. SOCIAL SECURITY NUMBER	MARIE 5. SEX   6. AGE (	KEENE			Nov.13					
	00,000	(In yrs. lest birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
220-28-3238  9a. FACILITY NAME (If not institution, g	1 DM 2FEMALE	78 YRS.	A. 0774 7011	OR LOCATION OF DI	01/03/1		MARYLAND			
					EATH	9c. COUNT	Y OF DEATH			
11237 COPPERM	NE RD.		L WOOI	SBORO		FRE	EDERTCK			
11237 COPPERM RESIDENCE OF DECEDEN  10a. STATE 10b. CO	FREDERICK		OODSBORO				10d. INSIDE CITY LIMITS?			
10c. STREET AND NUMBER 11237 COPPERM  11. MARITAL STATUS 1 Never Married 2 Merried	INE RD.		1	or. ZIP CODE	798	10g. CITIZE	U.S.A.			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR DO	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Maxica \$ 2 \( \text{NO} \) NO Specify		s or No — 1	6. RACE — American Indian, Black, White, etc. Specify: WHTTE,			
15. DECEDENT'S (Specify only highest of	EDUCATION (rade completed)	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUS				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)	or morning						
12		SEAMS	TRESS		SE	W FACT	ORY			
17. FATHER'S NAME (First, Middle, Last				16. MOTHER'S NA	ME (First, Middle, Maider	Sumame)				
GEORGE FRANKLI	N RAY				MA KATE KO					
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox	vn, State, Zip C	ode)			
LINDA R. BIDDI					JOODSBORO_		MD 21798			
20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 1	BURTAL 20b	PLACE AND DATE	other place)		DATE 20c. LC	OCATION — CH	y or Town, State			
4 Donation 6 Other (Specify) ROCKY HILL CEMETERY 11/16 NR WOODSBORO MD										
22. NAME AND ADDRESS OF PACILITY D. D. HARTZLER & SONS WOODSBORO, MD  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raspiratory strest,   Approximate										
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. SUE TO (OR AS A	CONSEQUENCE O	P):	//			10 yr			
PART II. Other significant condi	tions contributing to deeth b	ut not resulting	in the underlying	ng ceuse given in	Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICA	L		20.5	ACE OF DEATH OF						
EXAMINER? 1 YES 2 NO	HOSPITAL:	etlent 2 7 pp.	OTHER:	LACE OF DEATH (Ch						
27. MANNER OF DEATH	28a. DATE OF INJURY			ne 5 A Rasidenca		N HIRV OCCU	250			
1 Netural 5 Pending (Month, Dey, Year) WORK? 2 Accident Investigation (Month, Dey, Year) M 1 YES 2 NO										
3 Suicide 4 Homicide Could not be determined  28a. PLACE OF INJURY — At home, tarm, atreet, tactory, offica building, etc. (Specify)  28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
	(Check only 1 Detri PYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
29b. SIGNATURE AND TITLE OF CERT	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated									
Tunkley?	Strellos			DO 17	/	≥ ( /	GNED (Midnith, Day, Year)			
30. NAME AND ADDRESS OF PERSON				0. 217	0/					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								

TO THE P THE	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require that the check continues the executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been some the property and the funeral director, page 5 should be detach	vithin 72 hours after death with the State Dept. of Hearn and the property price prior to burial common, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury or other transmiss event, the medical axamines must be notified at noce
	DIV	TO THE HOSPITAL OR A	TO THE FUNERAL DIREC	be filed within 72 hours	IMPORTANT: If Item

IMMEDIATE CAUSE (Final disease or conditions, if env), leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infitiated events resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):		1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN	-//	-33584
BETTY ANN  1 SOCIAL SECURITY NUMBER  2 10 0433				1	110 1			AY .	3. TIME OF DEATH
215 20 0433			r nev I a so	Littleton			November	919	92 0705 m
PENTAULIA REGIONAL MEDICAL CENTER  PARTICIPATIVAME (FOR COPICE COPICE CONTEX CO								•	BIRTHPLACE (State or Foreign Country)
PRINISULA REGIONAL MEDICAL CENTER SALISBURY    Mac Made Control   Mac Made Control   Mac Made   Mac				30	9b. CITY, TOWN C	OR LOCATION OF DI		7	
We. STREET AND NUMBERS  400 Main St.  11. WAS DECEDENT EVER IN U.S., ARMS  11. WAS DECEDENT EVER IN U.S., ARMS  12. WAS DECEDENT OF INSPANC CONDITION (IN THE ST. ) WAS DECEDED TO MEMBERS. OR AND THE ST. WAS DECEDED TO MEMBERS. OR AND THE ST. WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE, ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN, ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (MAIN ST. ) WAS DECEDED TO MEMBERS. WHILE ARMS (	OR		AL MEDICAL	CENTER	SALIS	SBURY			
No. 200 CODE   No.	ECT			10c. CIT	Y TOWN OR LOCAT	TION			464 INCIDE OFF
No. STREET AND HUMBER   NO. CHILDRO OF MANT COUNTRY	DIR	Md. Wicom	ico						LIMITS?
1   YE 2   NO Speedy   Secondary   Secon	AL	10e. STREET AND NUMBER						10g. CITIZE	
Secondary   Seco	Ä					21837		USA	A
Security White  10 DECEDENTS EDUCATION (Globally day) Algority project completed to the state of	E		FORCES? 1 YE	S 2.A NO	If yes, sp	ecity Cuban, Mexica	in, Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, Whita, etc.
St. DECEDENTS EDUCATION   Since the processing of processing (process) and properly growth growth completed (fig. 6) and for the processing in the NAME (Proc. Modes, Marke Structure)   Seamstress			IF YES, GIVE WAR OR	DATES	1 🗀 YES	2 NO Specif	y:		Specify: White
ELIBET W. IRSLEY  BANKORANTS NAME (Spering)  BATCH LO OF OSECUTION 10 BATCH 2   Command 3   Removal from State 4   Donation 8   Other (Specify) 22. MATCH 2   Command 3   Removal from State 4   Donation 8   Other (Specify) 23. MANCH CO FEMALE ASSOCIATION 10 BATCH 2   Command 3   Removal from State 4   Donation 8   Other (Specify) 24. SHART I. Enter the diseases, or complications that (Squaded the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Between Onset and Death of the Cause (Final Interval Between Onset and Death of State of State or State of State or Stat	9	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)				16b. KIND OF BUS	SINESS/INDUS	
ELIBET W. IRSLEY  BANKORANTS NAME (Spering)  BATCH LO OF OSECUTION 10 BATCH 2   Command 3   Removal from State 4   Donation 8   Other (Specify) 22. MATCH 2   Command 3   Removal from State 4   Donation 8   Other (Specify) 23. MANCH CO FEMALE ASSOCIATION 10 BATCH 2   Command 3   Removal from State 4   Donation 8   Other (Specify) 24. SHART I. Enter the diseases, or complications that (Squaded the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Between Onset and Death of the Cause (Final Interval Between Onset and Death of State of State or State of State or Stat	19	Elementary/Secondary (0-12)		life. Do NOT u	se retired.)	or or working		_	
ELIBET W. IRSLEY  BANKORANTS NAME (Sporting)  Barbara L. Gravenor  Rt. #1 Box 255A Pattesville, Md. 21850  Rt. #1 Box 255A Pat	AM .			Seamst	ress	46 MOTHERIO 114			ory
Barbara L. Gravenor   See Malified Control of Dearwork State   Section of Dearwork State   See Malified Control of De		The second secon							ey
Description   Some				19b. MAILING	ADDRESS (Street a	nd Number or Rural i	Route Number, City or Tow	n, State, Zip Co	ode)
1   Starter   2   Cremation   2   Ramoval from State	۴		or	Rt. #	1 Box 25	5A Pitts	ville, Md.	21850	)
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF PACILITY Short Funeral Home, Inc. P.O. Box 204 Delmar, De. 19940  23. PART I. Enter the diseases, or complications the Ceuse on each line.  MIMEDIATE CAUSE (Final disease or condition) resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  The cause. Enter NDERLYNG CAUSE (Please or injury in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO		1 X Burial 2 Cremation 3 Ramo	val from Stata	0b. PLACE AND DATE	OF DISPOSITION (Ne	me of	OATE 20c. LO	CATION - CIT	y or Town, State
Short Funeral Home, Inc. P.O. Box 204 Delmar, De. 19940  23. PART I. Enter the diseases, or complications the deuth. Do not enter the mode of dying, such ea cardiec or respiratory arreal, interval Between Onset and Death    March   March			INSEE	Mardela M	emorial	Cemetery	11-12 Mar	dela S	Springs, Md.
23. PART I. Enter the diseases, or complicetions that Geused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arreat, shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR		1'11. · m	1//	/	Short	Funeral	Home, Inc		
IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (O		23. PART I. Enter the diseases, or co	molications the faus	od the death. Do	P.O.	Box 204	Delmar, De	. 1994	10
Die to (or as a consequence of):		snock, or neert fellure. L	let only one ceuse on	eech line.				retory arrea	Interval Between
Sequentially list conditions, if erry, leading to immediate CAUSE (Disease or Injury Louise Interest wents resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (O		disease or condition	Malxners	+ Me	anom.	- Me	testatic		Criset and Death
PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.    Part II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.   Part II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I.   Part II. Other significant conditions contributing to death not couse given in Part I.   Part II. Other significant conditions contributing to death not couse given in Part I.   Part II. Other significant conditions con		i cauting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):				
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25. WAS CASE REFERRED TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only only  27. MANNER OF DEATH  1 YES 2 NO  28. PLACE OF DEATH (Check only only  29. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1 YES 3 NO  29. PLACE OF DEATH (Check only only  20. PLACE OF DEATH (Check only only  21. PLACE OF DEATH (Check only only  22. PLACE OF DEATH (Check only only  23. PLACE OF DEATH (Check only only  24. Nothing only  25. PLACE OF DEATH (Check only only  26. PLACE OF DEATH (Check only only  26. PLACE OF DEATH (	4	PART II. Other significent conditione	contributing to deeth	but not resulting	In the underlying	ceuse given in			
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25. WAS CASE REFERRED TO MEDICAL  EXAMINEED  1   YES   NO  26. PLACE OF DEATH (Check only only)  27. MANNER OF DEATH  Natural   S   Pending    1   Nestigation   S   Pending    1   Nestigation    28. PLACE OF DEATH (Check only only)  27. MANNER OF DEATH  Natural   S   Pending    1   Nestigation    28. DATE OF INJURY   28b. TIME OF    28b. VIANT OF INJURY   28b. TIME OF    28c. DATE OF INJURY   28c. DESCRIBE HOW BLAFRY OCCURRED    28c. DESCRIBE HOW	WE							^	0.50.000000000000000000000000000000000
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Maccident   Could not be   Could n	Sici	EXAMINER?			OTHER:		The state of the s		
Maccident   Could not be   Could n	HYS		38s. DATE OF INJURY	28b. TIM				NAME OCCUP	IFD.
28s. PLACE OF INJUSTY — At home, farm, street, factory, office  3 Succided and fluid and fluid f			(Month, Day, Year)	INJ	URY WO	AKT			
		3 Suicide # Could not be	28s. PLACE OF INJUS building, etc. (Sc	ty — At home, farm, a	street, factory, office		28f. LOCATION (Street a	nst Number ar	Plurel Ploute Mumbec
	ETE		American emiliar				Control of the Contro		
	MPL	(Check only 1 CENTIFTING PHYSICI							
AL II 290. SIGNATURE AND TITLE OF CERTIFIER	8		On the besis of examinal	for entior investigation	in, in my opinion, de	eath occured at the	time, date and place, and		
126278 11-9-92	a l	296. SIGNATURE AND TITLE OF CERTIFIER	11	WD		D 2 / 2	men O		GNED (Moreh, Day, Year)
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (Type, Print)	2	30. NAME AND AODRESS OF PERSON WHO	COMPLETEO CAUSE OF C	DEATH (ITEM 27) (Type,	Print)	4-07	/ 6		
David Const. MD 14SE. Carroll St. Solish, MD 71801				1 17	57.	Solish	, mo	7	180)
	10	31. DATE FILED (Month, Day, Year)					) '		
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	VV	NOV 1 3 1992 4	Ma Davidson A	andelle			)		



3. TIME OF DEATH

BIRTHPLACE (State or Foreign Country)

1:00a M

1992

## BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Marie Naylor Moffett

4. SOCIAL SECURITY NUMBER

5. SEX

5. SEX

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P.O/BOX	
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DIVISION OF VITAL RECORDS,	
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2

OCT 1 2 '92

œ	9e. FACILITY NAME (# not			:1 C-			R LOCATION OF D	EATH		NTY OF DE	
18	Union Ho	SPITA.	l oi Cec	11 00	unty	E1k	con			ecil	
DIRECTOR	MD	Ke:			Gal	own on Local	ION				10d. INSIDE CITY LIMITS? 1. YES 2 NO
A.	10e. STREET AND NUMBER	1					ZIP CODE		10g. CIT		HAT COUNTRY?
딸	Virginia	Ave.					21635			J	JSA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div		12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2	RMED NO	If yes, sp	ENDENT OF HISPA polity Cuben, Mexico 2 NO Specia	in, Puerto Rican	pecify Yee or No— , etc.)	14, RACE Black Specifi	- American Indian, White, etc.
once.	(Specify or Elementary/Secondary (	CEDENT'S EDUC by highest grade 0-12)		- 4	ECEDENT'S US Give kind of work to. Do NOT use n	done during mo tired.)			D OF BUSINESS/INT	DUSTRY	WILLE
OMP	11			l.	lomema	ker			Home		
	17. FATHER'S NAME (First, I								, Meiden Surname)		
	John Nay				AL MARINE :-			a Woo			
TO BI	JoAnne A			- "	Gale			Route Number, C . 635	ity or Town, State, Zip	Code)	
2	20a. METHOD OF DISPOSI			205 01 40	EANDDATEOF			T- 1		Ou -	
must	1 Burlel 2 Cremati	cemetery, c	rematory or other	place)		OATE	20c. LOCATION —				
	4 Donation 5 Other (Specify) Galena Cemetery 9/7/9/2 Galena, MD 2								21635		
medical examiner	23. PART I. Enter the	12.	Luis			Fell 370	ows Fun	eral :	Home, P	ngto	21651 on, MD
or other traumatic event, the ERTIFICATION	Sequentially list condition resulting in death)  Sequentially list condition, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	diate ing ury	à		EOUENCE OF):	NYOC	ARDI	AL	INFAI	RCTT	Onset and Deat
hows any injury. MEDICAL C	PART II. Other algolitic	ant condition	a contributing to de	eth but not	reaulting in t	he underlying	) cause given in		WAS AN AUTOPSY PERFORMED? ] YES 2 (\$400		WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
Sic	EXAMINER?	AMINER? HOSPITAL:					5 Residence		notty)		
arked, o	_ ca.cc.	Pending Investigation	26a. OATE OF INJ	26a. OATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2				28d, DESCRIBE HOW INJURY OCCURED			
28 Is TED	2 Accident threatigation 3 Suicide 6 Could not be detarmined  See PLACE OF INJURY — At home, farm, street, factory, office  See PLACE OF INJURY — At home, farm, street, factory, office  City or Yown, Stere)										
IMPORTANT: If item  D BE COMPLE			CtAN: To the best of my								and menner as stated.
- U I											

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

2. DATE OF DEATH MONTH

7. DATE OF BIFTH

Nov

equires that the death certificate be executed within as mours after death. Page 6 may be retained by the hospital or attending physician.

In signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should at Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

DIVISION OF WITAL RECORDS, P.O. BOX 13146,

23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYNCHAN TO THE FUNERAL DIRECTOR: After this prince be filed within 72 hours after death with STA IMPORTANT: If Item 28 is marked, or in

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
R	CERTIFICATE OF DEATH		REG. NO.
AME (First, Middle, Last)	00001011	2. DATE OF MONTH	F DEATH DAY

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	2 4 1	- 11		2. DATE OF DEATH MONTH DAY	YEAR 3.	TIME OF DEATH		
	Cora C.	meN	ally		11 15	93	34pm "		
	4. SOCIAL SECURITY NUMBER	8. BIRTHPL Country)	ACE (State or Foreign						
	216-44-9774	1 🗆 M 2 💢 F	SO YRS. MON		9-30-12	M	D		
œ	9a. FACILITY NAME (If not institution, give a		4 .	CITY, TOWN OR LOCATION OF DE	ATH 9	c. COUNTY OF DEAT	тн		
DIRECTOR	RESIDENCE OF DECEDENT	valescent	Center (	-rotton		AH			
띭	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. 1								
	Maryland Anne Arundel County Annapolis								
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE	10	g. CITIZEN OF WH	AT COUNTRY?		
崱	17 Brewer Avenue			21401		U.S.			
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica		No- 14, RACE Black, V	- American Indian, Vhita, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 YES 2 NO Specify	r	Specify:	White		
	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUSINE	ESS/INDUSTRY			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	lone during most of working ed.)					
M M	9 th		Civil S	ervice	Laundry				
8	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden Sun	nema)			
BE	James Edward Ga	ott			Weller				
6	19a. INFORMANT'S NAME (Type/Print)	7.4		RESS (Street and Number or Rural I			0.7		
	Mary Knight Schu			arconie Circle	-	ION — City or Town			
	1 Donation 5 Other (Specify)	soval from State	other place)	lcrest Cemeter		polis, M	110.00		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE/		22. NAME AND ADDRESS OF FA	0				
	Harallal 1	41		147 Duke of					
$\dashv$	Mugell VI.	for /-							
	23. PART I. Enter the diseases, or shock, or heart fellure.	List only one ceuse on e	ech line.	nter the mode of dying, suc	n ss cardiec or respirat	ory errest,	Approximats Interval Between Onset and Death		
- 1	IMMEDIATE CAUSE (Final disease or condition								
	disease or condition resulting in desth)  s. Emphysema  Due to (or As/A consequence of):								
_	DUE TO (UK AS/A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c							
티	that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
员	Toodking in death) Exci	d							
CAL	PART II. Other significent condition			e underlying ceuse given in	Pert I. 24s. WAS AN AU PERFORME		VERE AUTOPSY FINDINGS		
2	Congestil	LE HEART SI	mlure		1 TES 2	600	COMPLETION OF CAUSE OF DEATH?		
ᇦ	LUNG G						☐ YES 2 ☐ NO		
ä									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 THO	1   Inpatient 2   ER/Outp	petient 3 DOA 4	Nursing Home 5 - Residence					
1   YES   YES						JRY OCCURED			
BY	2 Accident Investigation	28 DI ACS OF IN HID	/ — At home, farm, stree	M 1 YES 2 NO	204 LOCATION (Street and	Mumbes on Dural Day	and the second		
	3 Suicide 8 Could not be 4 Homicide determined	building, stc. (Spec	clfy)	i, sectory, office	26f. LOCATION (Street and City or Town, State)	Number of North Hot	ate Number,		
COMPLETED	29a. CERTIFIER								
MP	(Check only			the time, date and place, and due my opinion, death occured at the			and manner as stated		
	29b. SIGNATURE AND TITLE OF CERTIFIE								
BE		Section, my	b	1288	- 11 -	DATE SIGNED (	7/92		
5	30. NAME AND ADDRESS OF PERSON W				1 (10)	7-/12	100		
m,	FRANK R. JACKS	ON 1684 VII.	LAGE CREEN	CROFTON, MAR	VI AND OTTAL				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGN	IATURE	OTI AT TAN * TANATA	TTHIND STITE	_			
Á	NOV 1 9 199	2 Julia Devidoor	- William						
_		17							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)
NOV 1 9 1992

32. REGISTRAR'S SIGNATURE
Suha Davidson-Rondall

ING PASICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
TENDING	Series A

IRECTOR	Anne Arundel	495	/	ACE //a /		1. DECEDENT'S NAME (First, Middle, Last)  PATRICIA HAYER  2. DATE OF DEATH MONTH DAY 1/2 9								
IRECTOR	Anne Arundel		1 🗆 M 2 🔯 🗲	81	ast birthday) YRS.	MONTHS DAVE HOUSE MAN			7. DATE OF BIRTH (Month, Day, Year)	(Month, Day, Year) Country Unk				
IRECI		Sa. FACILITY NAME (If not Institution, give street and number)  Anne Arundel Medical Center						LOCATION OF D	EATH		y of oeath Arunde	a1		
		10b. COUNTY			Y, TOWN O					10d. IN	ISIDE CITY MITS?			
	10e. STREET AND NUMBER		Arundel		_   Arn	old	101. ZIP CODE 10g. CITIZEN (					OUNTRY?		
FUN	11. MARITAL STATUS  1 Never Married 2 M  3 Widowed 4 Divore	larried	CO.  12. WAS DECEDENT ET FORCES? 1 IT IF YES, GIVE WAR	YES 2 TZ	NO	11	AS DECEN		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)		S.A.  RACE — Ame Black, White, Specify: Wh:			
ETED	15. DECEI (Specify only i Elementary/Secondary (0-1	DENT'S EDUCA highest grade of	ATION ompleted) College (1-4 or 5+)	16e. D	Give kind of the Do NOT us	DENT'S USUAL OCCUPATION find of work done during most of working NOT use related.)								
COMPL	17. FATHER'S NAME (First, Mich. Unknown	dle, Last)		Н	Iomema	ker		IS. MOTHER'S NA	n Sumeme)	)				
0	Unknown  19e. INFORMANT'S NAME (Type/Print)  Mrs. Joan Elliott  19b. MAILING ADDRESS (Street and Number or Farral Aboute Number, City or Town, State, Zip Co.  1007 Mountain Top Drive Annapolis, M													
	23. PARTI. Enter the dis- shock, or her IMMEDIATE CAUSE (Final disease or condition resulting in death)	irt failure. L	st only one cause	eta AS A COMS	8 ta	tec	Z	ung	16.		ir	pproximate sterval Betwe neet and De		
14	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	g g	e co-suntan	AS A CONSE										
MEDICA	PART II. Other significant conditions contributing to death out not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSV PERFORMED?  1 □ YES 2 NO									OF DEA	UTOPSY FINDIN ILE PHIOR TO ETION OF CAUS THY ES 2 NO			
Sic	26. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1 VES 2 NO													
ву рну	27. MANHER OF DEATH  S Pending Investigation  28s. DATE OF INJUSTY (MoH/h, Day, Year)					TIME OF INJURY AT SEE INJURY AT WORK?  M 1 YES 2 MO								
COMPLETED	3 Duckde 6 Could not be determined 28e. PLACE OF INJUTY — At home, farm, street, tectory, office City or Town, Statu)  28e. PLACE OF INJUTY — At home, farm, street, tectory, office City or Town, Statu)							and Mumber or I)	r Rural Roule Number					

1 - FOR STATE REGISTRAR

10a. STATE

4. SOCIAL SECURITY NUMBER

218-16-9210

RESIDENCE OF DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) George

9e. FACILITY NAME (If not institution, give street end number)

10h COUNTY

5. SEX

PENTINSULA REGIONAL MEDICAL CENTER

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30. NAME AND ADDRESS OF PERSON WHO

H. Klopp MD

NOV 18 1992

Edward

31. DATE FILED (Month, Day, Year)

DIRECTOR burlal-transit permit. Pages 1, 2, 3 Va. Accomack Horntown 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE Post Office 23395 ours after death. Page 6 may be retained by the hospital or attending physician. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Pr 1 YES 2 WO Specify: 1 Never Married 2 Married B 3 Widowed 4 Divorced page 5 should be detached for use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) stary/Secondary (0-12) College (1-4 or 5+) Laborer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence Marshall, Sr. notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 2 Thomas Harmon 134 Columber Ave. Stafford Va. 22554 9 20e. METHOD OF DISPOSITION

(A) Buriel 2 Cremation 3 Removat from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, cemetery, cress to pare the place Cle 11-21 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keith E. W Karlon Wharton Funeral Home-Accomac, Va. completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** disease or condition the CORONARY ARTELY DISPASE at the death certificate be executed within event, resulting in death) DUE TO (OR AS A CONSEDUENCE OF): the attending physician and com Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEDUENCE OF): resulting in death) LAST 0 injury, PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL and the shows any Dept. of Health 20 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) Hem certificate to the State HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? marked. with 1 1 Natural 5 Pending BY 1 YES 2 NO After 1 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED 90 6 Could not be DIRECTOR: Nours after 4 Homicide 28 Item 2 29e. CERTIFIER
(Check only

1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. COMPLE TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 18053

CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Rd

CERTIFICATE OF DEATH

10c. CITY, TOWN DR LOCATION

6. AGE (In yrs. last birthday)

70

MARSHALL, SR,

SALISBURY

IF UNDER 1 YEAR | IF UNDER 24 HRS.

96. CITY, TOWN DR LOCATION OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR NOUEMBER 14 1034 1992 7. DATE OF BIFTH

(Month, Gay 56ar)

22 8. BIRTHPLACE (State or Foreign Country) Va. 9c. COUNTY OF DEATH WICOMICO 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: Black 16b. KIND OF BUSINESS/INDUSTRY Farm work 20c. LOCATION — City or Town, State Horntown, Va. Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 92 14

Jele " SP

TO THE HIGH OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HIGH DEPOSITION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HIGH DEPOSITION AND THIS cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with item 28 is married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. OECEDENT'S NAME (First, Middle, Las	0				2. DATE OF DEATH			3. TIME OF DEATH			
	LAWRENCY N	APRES	MONTH				DAY	YEAR	0900			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-	. BIRTH	IPLACE (State or Foreig	2		
	302-34-2320	1 (X M 2 □ F	53 YRS. MG	NTHE DAYS	HOURS MIN.	(Month, Day, Year) 4-5-39		Count	ry)			
	9e. FACILITY NAME (If not institution, give	street end number)	OR LOCATION OF I		9c. COUNT	Ohi		-				
DIRECTOR	Anne Arundel Medical Center Annapolis Anne Aru											
H	10e. STATE 10b. COUN	TION	10d. INSID									
	MD Ann	e Arundel	Seve	erna Pa	rk			LIMITS?				
M	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF											
Ü	755 Trenton Ave. 21146 U.S.A											
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN? (Specify		4. RACE	- American Indian			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	DATES	If yes, sp	ecify Cuben, Mexic 2 X NO Spec	can, Puerto Rican, atc.)		Black, White, atc.  Specify:				
					**			White				
COMPLETED	1S. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S USI	done during me	ON st of working	16b. KIND OF E	USINESS/INDU	STRY				
E	Elementary/Secondary (0-12)	College (1-4 or S+)	Ime. Do NOT use re	tired.)								
M			Salesman			Auto						
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Mald	on Surneme)					
BE	Joseph Naples				Caroli		Barto					
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	DRESS (Street a	nd Number or Rural	Route Number, City or T	own, State, Zip C	ode)				
	Mrs. Jean Naple	es	755 Tr	enton	Ave. Sev	verna Park	MD 211	146				
	20a. METHOD OF DISPOSITION  1 Series 2 Cremetion 3 Res	movel from State 20	b. PLACE AND DATE OF D	ISPOSITION (No			OCATION - CH		wn, State			
	4 Donation S Other (Specify)		Maryland V	eteran	s Cem.	111/9 C	rownsvi	116	e, MD			
	21. SIGNATURE OF FUNERAL SERVICE L	CHASEE		22. NAME A	ID AOORESS OF F	ACILITY 405	Ritchi	- 1				
J.	1 Call	au		Rarra	200 8 50	ons Fh Sev	KIUCNI	e r	iwy.			
	23. PART Enter the diseases, or	complications that cause	d the deeth. Do not	enter the mo	de of dving, suc	ch se cerdiec or rea	pireton erres	LIK				
Ш	23. PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heert feiture. List only one cause on each line.  IMMEDIATE CAUSE (Fine)											
Ш	disesse or condition	d . 0:		-	7			Onset and I		ath		
	resulting in death) a, Assistantial Consequence on the consequence of											
2	disease or condition reaulting in death)  a. Cardiare puratary area  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.)  Due to (or as a consequence of):											
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):	cur	mun	evens	your	ne	arance	$\dashv$		
5	cause. Enter UNDERLYING CAUSE (Disease or injury	· Metas	tate ?	Male	inent	- Mala			9 4400			
	that initiated eventa	DUE TO (OR AS	CONSEQUENCE DF):	,		7 (21 40	Control Ca		1 June 1			
	resulting in death) LAST	d										
S	PART II Other significant condition											
SAL	PART II. Other significent condition	me contributing to desth a	out not resulting in the	ne underlying	ceuse given in		N AUTOPSY DRMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO	GS		
MEDIC						1 YES	2 1 NO		COMPLETION OF CAUSE OF DEATH?			
						_			1 YES 2 NO			
HYSICIAN:												
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSBITAL:			ACE OF OEATH (Ch	neck only one)				$\dashv$		
2	1 VES 2 NO	1 1 Inpetient 2 ER/Outp		HER: Nursing Home	5 🗆 Residence	8 Other (Specify)						
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		JRY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED		$\dashv$		
5	1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,	, incom		ES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm, street	, fectory, office		281. LOCATION (Street	and Number or	Rural Ro	oute Number,	$\dashv$		
	4 Homicide determined		,			City or Town, State	9)					
MP/L	29e. CERTIFIER (Check only	ICIAN: To the best of my know	ledge, death occurred at	the time date	and place, and due	to the cause(s) and =						
	2 MEDICAL EXAMIN	ER: On the beele of examination	n end/or investigation, in	my opinion, de	ath occured at the	time, date and place, a	and due to the c	a (20/0)	and manner on stated			
3	29b. SIGNATURE AND TITLE OF CERTIFIE											
	1 Stephen	Hanswe			29c. LICENSE NUI		29d. DATE S	IGNED	(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WI		ATH (ITEM 27) (5 C)	7)	D 273	o 0	11/	6	192			
	30. NAME AND ADDRESS OF PERSON WI A. STEP LEW HAM. 31. DATE FILED (MORTE, Day Year)	1) SMAA) 11 A	200 Hada	OU TA	11.0.1 1	ke will C.	1 -		1 21401			
	31. DATE FILED (Morth, Day Year)	# PECISTEMBIC COM	ATTHOSE ATTHOSE	TIKO	MINNO PI	149, 30,	re 380	2,1	TUNAPOLIS	NI		
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	- 11	1. DECEDENT'S NAME (First,	Middle, Last)							2. DAT	E OF DEATH		3.	TIME OF DEATH		
		NENA		E. MAYE	RS					MON	l-15-19	DAY YEAR				
70		4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDE	1 YEAR	IF UNDER 24 HRS.		E OF BIRTH		BIRTHPL	C ! S O N M  ACE (State or Foreign		
		121-211-5		1 M 2 F	G	S YRS.	MONTHS	DAYS	HOURS MIN.	(Mo	nth, Day, Year)		Country)			
Should	- 3	9a. FACILITY NAME (If not in:		treet and number)			Sh CIT	TOWN /	OR LOCATION OF		15-18		TY OF DEAT	MD		
2, 3	DIRECTOR	1903 Clifden Rd. Catonsville Baltimore											••			
- S	<u>입</u>	10e. STATE 10b. COUNTY				10c. CI	TY, TOWN	OR LOCAT	TION				1 10	d, INSIDE CITY		
permit. Pages		Md	Bal	timore				atonsville					1 -41	LIMITS?		
Sit	FUNERAL	1903 Clifde				101	21228				USA	T COUNTRY?				
215-0020 attending physician. se as the burial-trar		11. MARITAL STATUS  12. WAS DECEDENT EVER IN U. FORCES?  1 YES								PANIC ORIGIN? (Specify Yes or No— 14. RACE — Ameri Ican, Puerto Rican, etc.) 14. RACE — Ameri Black, White, e			American Indian,			
ing ph	ВУ	1 Nover Married 2 Married IF YES, GIVE WAR OR DATE:							2 NO Spec				Specify:			
5-10 andin				l					/					hite		
r attendi	LL I	15. DECI (Specify only	EDENT'S EDU highest grade	CATION completed)	16a.	(Give kind of	work done	during mo	ON ost of working	1	66. KIND OF BUS	SINESS/INDU	STRY			
21 for u	LET	Elementary/Secondary (0	-12)	College (1-4 or 5+)		ille. Do NOT u	use retired.)									
AND the hospital detached for once.	물			2		Flome	ntar	1 Te	acher		Publ	ic Ed	ucati	on		
AN the hos detach	COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTHER'S N	IAME (First	, Middle, Maiden	Surname)	Service Control			
d by de by	BE	Samuel	Rosen						Alice	Ha	מו					
BALTIMORE, MARYLAND 21215-0020 ar death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.	0	19s. INFORMANT'S NAME (7)	ype/Print)			19b, MAILING	G ADDRES	S (Street e	and Number or Aura	nber or Rural Route Number, City or Town, State, Zip Code)						
De re ge 5 :	F	Paul May	LOTA			532	Phi	100	St. Litt	PONTO	um PA1	7340				
RE, may be page: page		20a. METHOD OF DISPOSITI	ION			E AND DATE	OF DISPO	SITION (NE				CATION - C	lty or Town,	State		
e 6 ma ector, p		4 Donation 5 Other		over from State	cemetery.	Canno	other place,	soto	h i i	111	118 1	:++00	s tours	DA		
BALTIMORE after death. Page 6 may by the funeral director, pa moval.		21. SIGNATUBE OF FUNERAL	L SERVICE LY	CENSEE	- INIA		22.	NAME A	M. I	ACILITY	/10	MAAR	O A JUNIOR I	, ra		
funer funer		Sterling Ashton										-				
BA irs after of n by the removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,   Approximata														
24 nours filled in the tion, or rel		Approximata shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):														
B 5 - 6	N	Sequentially let conditions (b. Malisaan) Hyprofe para														
or to	CERTIFICATION	th any, leading to immediate cause. Enter UNDERLYING														
cerficate ding physical hygiene pri or either to	TE	CAUSE (Disease or Inju that initiated eventa resulting in death) LAS'		DUE TO (	OR AS A CON	SEQUENCE O	OF):									
O € 8 € 8	H	d														
DS, the and d Menta d Menta		PART II. Other significa	nt condition	s contributing to	death but no	t resulting	In the u	nderlyln	g Ceuse given i	n Part I.	24e. WAS AN	AUTOPSY	24b. WI	RE AUTOPSY FINDINGS		
T HE E	EDICAL										PERFOR	MED?	AM	AILABLE PRIOR TO IMPLETION OF CAUSE		
				1 - YES 2 - NO					OF	DEATH?						
H of	Σ	Try Don Do	ones y	hyperpis	~							1 TYES 2 THO		YES 2 NO		
3 4 m m	PHYSICIAN:	45 444 4445 4555														
ITAL V: The cate he State Desired	0	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF DEATH (C	Check only	one)					
SICIAN: The certificate In the State	ΥS	1 TYES 2 THO		1  tnpatient 2		3 DOA	4 🗆 Nu	aing Hon	ne 5 Residence	6 🗆 Ot	her (Specify)					
NG PHYSIC fer this ce sath with th	ву Рн		Pending Investigation	28a. DATE OF I (Month, Da	INJURY y, Year)	26b. TH	ME OF JURY M		IURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED						
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate in hours after death with the State I Item 28 is marked, or item:	ED	3 Suicide 8 .	Could not be determined	28e. PLACE Of building, e	INJURY — At	home, farm,	street, fac	tory, offic	•	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				e Number,		
OR A DIRECTOR A MOURS	9	29a. CERTIFIER	IFVINO DUVO													
TO THE HOSPITAL TO THE FUNERAL (De fied within 72 h	COMPLET			CIAN: To the best of ax										d manner as stated.		
H H H H	- 11	29b. SIGNATURE AND TITLE	OF CERTIFIES	R	····				29c. LICENSE N	JMBER		29d. DATE	SIGNED (M	onth, Day, Year)		
E E E E E	O BE	alle?	le	cocin	Mic				02	108	5	<b>•</b>	1100	163		
II - II	×	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH (	ТЕМ 27) (Тур	e, Print)							7 2		
		Allan 7.	chi	neus m	0	53	10	0 10	Court	æ	D O	1133				
	j	31. DATE FILED (Month, Day,	Year)	32. REGISTRAF					200.1	700		,,,,,				
	!	NUV 2 0 '92		Alia Berida	Manual Property	. 88-										
	1		(	1	1									DHMH-16 Rev 1/89		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

				7-111		OI DEMINI	rico. No	/-			
	- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YE	3. TIME OF DEATH		
		Dorothy	ľ	lary	Madder	1	11	4 92	11:20 PM		
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birth			7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign		
	9	221-42-9733	1 🗆 M 2 🗡 F	79 v	RS. MONTHS D.	AVS HOURS MIN.	(Month, Dey, Year)	912 N	Country)		
phous	- 8	Sa. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY. TO	WN OR LOCATION OF D	SEATH TOTAL	9c. COUNTY	OF DEATH		
8. (8)	DIRECTOR	Memorial Hosp			_		,	W. 1			
1. 2,		RESIDENCE OF DECEDENT	Ital		Last	Easton Talbot					
Pages	Ä	10a. STATE 10b. COUNTY	1	100	. CITY, TOWN DR L	OCATION			10d. INSIDE CITY		
	ä	Delaware New	Castl	e /	Vewar	K			1 YES 2 NO		
permit.	7	10e. STREET AND NUMBER			1	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
	FUNERAL	of Codar Ca	int 1	toothorn	made	1971	5 2	1115	D		
020 physician. burial-transit	N	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS	DECEMBENT OF HISPA	NIC ORIGIN? (Specify Ye	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	RACE — American Indian,		
020 physician. burial-trar		1 Never Married 2 Married	FORCES? 1	YES 2 NO	If ye	e, specify Cuben, Mexic	en, Puerto Ricen, etc.)	14.	Black, White, etc.		
	ВУ	3 Of Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:									
215-0 ittending	0	15. DECEDENT'S EDU		16a. DECEDE	NT'S USUAL OCCU	PATION	16b. KIND OF BU	USINESS/INDUST	TRY		
212 i or z for us	E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	(Give kir	ed of work done duri OT use retired.)	ng most of working		. 1			
0.52	P	8th	Conege (I-4 or 5+	111	estic		Prillat	~ Ha	mac C		
2 2 3 8	COMPLET	17. FATHER'S NAME (First, Middle, Last)		1/011	63710	10 MOTHED 9 N	AME (First, Middle, Maide	Summari	IIIKO		
340° 10°	- 1	Harry E	CASC			le. MOTHER'S R.	AME (FIRST, MICON, MAION	1 Sumame)	1		
G 88 8	BE	19a. INFORMANT'S NAME (Type/Print)	033	- I		LOUIS	a 111.	BUT	1er		
M and a month	2	The service (type)	des	196. MA	ILING ADDRESS (S	reet and Number or Rural	Route Number, City of To	wn, State, Zip Coo	100m		
Per p	1	Gary IIIua	OLUM	17 (	edar Co	urt Heat	her woods,	Newa	My Ve 17/00		
		20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram	oval from State	20b. PLACE AND E cegaetery, cremetor	ATE OF DISPOSITION OF Other place)	N (Name of	DATE 200 L	OCATION — City	or Jown, State		
Page 6 m d director,		4 Donation 5 Other (Specify)		Robins		Cemetary	111-9-92 6	Casun Vi	Ik mol.		
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22. NAI	HE AND ADDRESS OF F	ACILITY, PO	B	, ) = ,		
ALTI death. P tuneral 		1 Tames	No	//	1 1/1	Flill L	·W. 20	2 6	lacoup to		
urs aft in by remo		22 DAST I Select the discourse of the selection of the se									
		shock, or heart failure. List only one cause on each line.									
		IMMEDIATE CAUSE (Final disease or condition									
within 24 npletely fille cremation, file	ļ	resulting in death) s. HTKI FH LUICE 2 WEEKS									
executed within and completely o burial. crematic event, the	1			OR AS A CONSEQUEN				\			
687 osecuted and con burial.	Z	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
OX 68 b be execute sician and c rior to burize traumatic	Ĕ										
	₫	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
	=	that initiated events	DUE TO	DR AS A CONSEQUEN	CE OF):						
U. # 8 . 9	CERTIFICATION	resulting in death) LAST									
IDS, P the death y the atten of Mental?		PART II. Other significant condition	e contribution to	death but not need	line in the cont	dulan asses stores	Deat In the				
00 = 35 =	MEDICAL	TART II. Other significant condition	a contributing to	death but not resul	ing in the unde	lying cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
Uires that signed by Health an	ă	71					1 _ YES	2   NO	OF DEATH?		
m 0 c = 91	ME	1314	AT ERA	L LEG	- An	PUTATIO	MC		1 TYES 2 ND		
law request been 23 sho											
OF VITAL RE PHYSICIAN: The law requ his certificate has been with the State Dept. of 14 ked, or Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DEATH (C	heck only one)				
OF VIT, PHYSICIAN: Th this certificate with the State rked, or Item	Sic	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3 D	OA 4 Nursing	Home 5 - Residence	8 Other (Specify)				
Sicial Si	Ξ	27. MANNER OF DEATH	28a. DATE OF		. TIME OF 28	. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED		
		1 Netural 5 Pending Investigation	(Month, Da	ly: 10ar)	INJURY M 1	WORK?					
NOING NOING : After death	ВУ	a [] a 1:14	28e. PLACE OF	INJURY At home, f	erm, street, factory,	office	281. LOCATION (Street	and Number or I	Rural Route Number		
DIVISION OF VITA  DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his hours after death with the State D  Item 28 is marked, or item	8	4 Homicide 6 Could not be	building,	etc. (Specify)			City or Town, State	))	The state of the s		
DIV DIRECTORIES	<b>4</b>	29a, CERTIFIER									
로 크 오 노	P P	(Check only									
TO THE HOSPITAL TO THE FUNERAL De filed within 72 ?	COMPLET	2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or invest	Igation, in my opin	on, death occured at the	e time, data and place, a	nd due to the cr	suse(a) and manner as stated.		
新 m a a a a a a a a a a a a a a a a a a	ш	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)		
MP60		Colle	. Prair	NO		2002	50	<b>▶</b> #	5/92		
0=	2	30. NAME AND ADDRESS OF PERSON WH						1 1			
		C.RW-	BAIN	MD. U	-15 F	DOINER.	EASTW,	hD,	21601		
=	7		fula Division	R'S SIGNATURE DO	12	20001	1101	1001	4001.		
	4	NOV 0 9 1992	funa Dairdo	510-01-10							
	1 10										

ing presiden and competing filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should perm prior to burial, cremitation, or removal. or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that an TO THE FUNERAL DIRECTOR: After the certificate has been some by to be filed within 72 hours after death with the State Capt. of Hearth and IMPORTANT: If flow 28 is marked, or flow 23 shows any file.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH													
	G						11-11-	1992	YEAR	8 A				
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	220-03-2	885	1 🔀 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 3-2-191	5	Countr	elaware	
	9a. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH						INTY OF D		
R	At H	ome				Ri	va1	70			Wi	Wicomico		
DIRECTOR	RESIDENCE OF DEC										1 112	COM.	100	
2	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN							10d. INSIDE CITY	
	Maryland	MICC	omico			BI	val						tX YES 2 □ NO	
₹ I	100. STREET AND NUMBER	Da. 3	0.6				10	I. ZIP COD	_		-		HAT COUNTRY?	
FUNERAL		BOX 3							814			S.A.		
5	11. MARITAL STATUS  1 Never Married 2 🔀	Married		IT EVER IN U.S. A YES 2 X WAR OR DATES		<ol> <li>WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuben, Mexican, Puerto Rican, etc.)</li> </ol>					e or No—	14. RACE Black	— American Indian, , White, atc.	
B	3 Widowed 4 Divor			1 TYES	2 NNO	Specify	:		Speci	w White				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
COMPLETED	(Specify only Elementary/Secondary (0-		completed) College (1-4 or 5		Give kind of fe. Do NOT u	work done	during me	ast of worki	ng		ONTEGORIN	DOGINI		
릴	11		***		avy	Equ:	ip.	Ope	rate	or Co	nstr	ucti	ion	
ğ	17. FATHER'S NAME (First, Mic	ddle, Last)						16. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)			
BE	George	W. Mc	ore, S	r.				A	1me	dia Mass	ey			
01 B	19a. INFORMANT'S NAME (7)	,								loute Number, City or Tox				
-	Alva E.	Moore	9		P.O.	Bo	x 30	5, B	iva:	Lve, Mar	y1ar	id 2:	1814	
	20e. METHOD OF DISPOSITION  1 N Burlet 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of complex) complex of comple													
	4 Donation 8 Other (Specify) Bivalve Cemetery 11/13 Bivalve, M.												Md.	
	21. SIGNATURE OF UNERAL SERVICE LICENSEE  MO0-417  MOSSICK Funeral Home. P.											D O	Pov 61	
	Messick Funeral Home, P.O. E Bivalve, Maryland 21814										. BOX OI			
EERTIFICATION	shock, or heart fellure. List only one sease on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):													
ERTI	that initiated events resulting in death) LAST  d.													
1	PART II. Other algolificen	nt condition	e contributing to	deeth but not	resulting	In the ur	nderlyin	g ceuse	alven In	Part I. 24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS	
: MEDIC										PERFOI			AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26 PI	ACE OF D	EATH /Chi	ck only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	2 □ 004	OTHE	R:	1						
Ě	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM		28c. IN.		aldence	28d. DESCRIBE HOW I	N ILIBY OC	CHBED		
	1 Natural 5 P		(Month, D	ay, Year)		IURY M	WC	RK7	NO	and begonine now	NON1 OC	CURED		
BY	3 Calabda	ould not be	28e. PLACE O	F INJURY At h	ome, farm,	street, fact				281. LOCATION (Street	and Numbe	r or Rumi A	oute Number	
Ĕ		etermined	building,	etc. (Specify)						City or Town, State)				
ا ڐ	29a. CERTIFIER CERTIF	FYING PHYSIC	CIAN: To the best of	my knowledge d	leath necum	ad at the t	time date	and place	and due	to the cause(a) and me				
COMPLETED	(Check only one) 2 MEDIC	AL EXAMINE	R: On the beels	ramination and/or	Investigation	n, in my c	opinion, d	eath occur	ed at the	ime, data and placa, ar	d dua lo s	ned. he causain)	and menner as stated	
- 40	296. SHONATURE AND PITLE		1/1	/	Α.									
<b>M</b>	11/2	e		m	9			A LICE	71.	178	29d, DA1	//- /	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF		COMPLETED CAU	1000	EM 27) (Type,	Print)	-1	7	oli	178 hy, MO	21	801		
6	31. DATE FILED (Month, Day, Ye	par)	//	R'S SIGNATURE	X 7 VU/		>7.	<u> </u>	100	7	017	0 - 1		
31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 1 2 1992 Julia Davidson-Randelle														

	FOR
ı	STATE
	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	14	CERT	IFICATE (	OF DEATH	F	REG. NO.									
	1. DECEDENT'S HAME (First, Middle, Last)			0.0		2. DATE OF MONTH	DEATH DAY		3. TIME OF DEATH							
	MARK R.							1992	9 A							
	4. SOCIAL SECURITY HUMBER	5. SEX 6.	AGE (In yrs. lest birtho			7. DATE OF (Month, De	BIRTH	B. BIRTI	IPLACE (State or Foreig							
	217-74-0419	1 <del>Q</del> M 2 □ F	31 YF	S. MONTHS D	YS HOURS MH.		-1961	Mai	rvland							
	9s. FACILITY NAME (If not institution, give			9b. CITY, TO	WN OR LOCATION OF E			COUNTY OF E								
8	PENINSULA REGION	NAL MEDICAL	CENTER	SAL	ISBURY			WICOMI	CO							
5	RESIDENCE OF DECEDENT															
DIRECTOR	10s. STATE 10b. COUNT		10c.	CITY, TOWN OR L	DCATION				10d. INSIDE CITY LIMITS?							
	Md. Wicon	mico	F	arsons	burg				1 TES 2 NO							
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE		100	CITIZEN OF	WHAT COUNTRY?							
9	P.O. Box # 94				21849			U.S.Z	A .							
5	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EV		13. WAS	DECENDENT OF HISPA I, specify Cuben, Mexic	NIC ORIGIN? (S	E — American Indian, k, White, etc.									
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		YES 2 XNO Spec		.,,	Spec								
COMPLETED	15. DECEDENT'S EDU	11979-198	1					Wh:	te							
	(Specify only highest grade	le completed)	(Give kind	IT'S USUAL OCCU		16b. KII	ND OF BUSINES	S/INDUSTRY								
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Me. Do NOT use retired.)												
	Dates Ocean Clay leas															
	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S HAME (First, Middle, Maiden Surname)															
BE	18a HECOMANT'S NAME (Insultries)															
2	19a. IHFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)															
	Kimberly Milne   Same as 10.															
1	20e. METHOD OF DISPOSITION  1 M Burlel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place)  New Hope Ceme  11/16 Willards.															
	21. SIGHATURE OF FUNERAL SERVICE LI	CENSEE /	New Ho		E AND ADDRESS OF F	11/10	5 Will	lards	Md.							
	-CA 000	1/	0 -	22. NA	E AND ADDRESS OF F	ACILITY										
	23. PART I. Enter the diseases, or	pruno,	~	Bou	nds Fune	ral Ho	ome, S	Salish	oury, Md							
ATION	Sequentially list conditions, if any, leading to immediate	a. Intrac DUE TO (OR	AS A CONSEQUENCE		- o variag											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):															
- 11	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PRODUCT															
N: MEDICAL	24b. WERE AUTOPSY FOR THE PRIOR CONTRIBUTION OF COMPLETION															
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			- 2	B. PLACE OF DEATH (C	heck only one)	·									
PHYSICIAN:	1 YES 2 NG	MOSPITAL:	/Outpetient 3 DC	OTHER:	Home 5 🗆 Residence	6 Other (Sr	pecify)									
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJU			INJURY AT WORK?		BE HOW INJUR	Y OCCURED								
	Hetural 5 Pending Accident Investigation	, word, bay, n	,		YES 2 NO											
	2 Accident Investigation 3 Suicide 28. PLACE OF IHJURY — At home, larm, street, factory, office 28. LOCATION (Street and Number or Rural R															
0 84	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF IHJURY — At home, farm, street, factory, office City or Town, State)															
ED BY	- 0 Codid Not bil		And Appropriate													
ED BY	4 Homicide determined		knowledge, death oc	curred at the time.	data and place, and du	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
ED BY	4 Homicide determined  29a. CERTIFIER (Check only	SICIAH: To the best of my I							and manner as state							
COMPLETED BY	4 Homicide determined  29a. CERTIFIER (Check only	SICIAH: To the best of my l			on, death occured at the	time, date and	place, and due	to the cause(s								
BE COMPLETED BY	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	SICIAH: To the best of my l			on, death occured at the	time, date and	place, and due	to the cause(s	a) and manner as state (Month, Day, Year)							
BE COMPLETED BY	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	SICIAH: To the best of my l ER: On the basia of examin	netion and/or investi	ation, in my opini	on, death occured at the	time, date and	place, and due	to the cause(s								
BE COMPLETED BY	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	SICIAH: To the best of my l	nation and/or investigation an	pation, in my opini Type, <i>Print</i> )	29c. LICENSE NU	MBER	place, and due	DATE SIGNED	(Month, Day, Year)							
COMPLETED BY	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of axamis  ER: On the basis of axamis  ER  LON  HO COMPLETED CAUSE O  132. REGISTRAR'S	OF DEATH (ITEM 27)	pation, in my opini Type, <i>Print</i> )	on, death occured at the	MBER	place, and due	DATE SIGNED	(Month, Day, Year)							
ED BY	4 Homicide determined		knowledge, death oc	curred at the time.	data and place, and du	e to the councie	a) and manner =	s stated.								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

		1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.									
	18	1. DECEDENT'S NAME (First, Middle, Last)  1. DECEDENT'S NAME (First, Middle, Last)  1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  MONTH  DAY  YEAR  5. DECEDENT'S NAME (First, Middle, Last)									
P		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 219-02-5313 1 M 2 F 22 YRS.  6. AGE (In yrs. last birthday) WONTHIS DAYS HOURS MIN.  6. AGE (In yrs. last birthday) WONTHIS DAYS HOURS MIN.  6. AGE (State or Foreign County Year) MONTHIS DAYS HOURS MIN.  6. BIRTHPLACE (State or Foreign County Year)									
2, 3 shoul	OR	32 Todcaster Circle  9b. CITY, TOWN DR LOCATION OF DEATH Waldorf  9c. COUNTY OF DEATH Charles									
Pages 1	DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Charles  100. CITY, TOWN OR LOCATION  Waldorf  100. LIMITS?  1 ☑ YES 2 ☐ NO									
nsit permit	FUNERAL	100. STREET AND NUMBER 1026 Stoddert Ave.  101. ZIP CODE 20602  U.S.A.									
11215-0020 or attending physician. rr use as the burial-transit permit. Pages 1, 2, 3 should	ВУ	11. MARITAL STATUS  1 Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 1. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:  14. RACE — American Indian, Black, White, etc. Specify 1 Yes or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.)									
14 E	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  17 College (1-4 or 5+)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY  18b. KIND OF BUSINESS/INDUSTRY  18c. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.)  18c. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.)  18c. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.)  18c. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.)  18c. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.)									
by the hospit be detached at once.	BE CON	12. FATHER'S NAME (First, Middle, Meiden Surname) Richard Miles  18. MOTHER'S NAME (First, Middle, Meiden Surname) Norma, Rawlings, Miles									
E MA	5	196. INFORMANT'S NAME (Type/Print) Richard Miles  190. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip Code) 1026 Stoddert Ave. Waldorf, Md. 20602									
HON THE		20b. PLACE AND DATE OF DISPOSITION  1 \$\frac{1}{2}\$ Burlel 2 Cremetion 3 CRemovel from State  20b. PLACE AND DATE OF DISPOSITION (Name of conference of conf									
BALTIN be death. Pag the toneral of heat.		AREHART FUNERAL HOME, INC. 211 St. Mary's Ave. LaPlata MD 2064									
X 68760, escuted within 24 mount and completely like as by to burial, cremation, or remove imadic event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):									
P.O. BO.  th certificate be ending physicia i Hygiene prior or other trau	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE DF):  c. DUE TO (DR AS A CONSEQUENCE OF):									
RECORE requires that the signed by the signed by the signed by the shows any in	N: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WER AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
VITAL CIAN: The law nrificate has the State Dept or item 23	/SICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINED:  1 PTES 2 NO  26. PLACE OF DEATH (Check only one)  OTHER:  4 Nursing Home 5 Residence 6 Other (Specify)									
ISION TTENDING TOR: After after death 28 is ma	TED BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident 3 Suicide 5 Could not be determined 4 Homicide 5 Could not be determined 5 Suicide 5 Could not be determined 5 Suicide 6 Suicide 6 Suicide 7 Suicide 7 Suicide 7 Suicide 7 Suicide 7 Suicide 8 Suicide 8 Suicide 8 Suicide 8 Suicide 8 Suicide 8 Suicide 9 Suicide									
SOUN PRO	COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.									
TO THE HOSPITAL OF THE FUNERAL DE filed within 72 h	TO BE C	290. Date Signed (Month, Day, Year)  290. Date Signed (Month, Day, Year)  291. 21-92									
		31. DATE FILED (Month, Day, Year)  12. REGISTRAR'S SIGNATURE  13. DATE FILED (Month, Day, Year)  14. PROCESSION WHO CONSIDERED CAUSE OF DEATH (ITEM 27) (Type, Print)  15. PRINT (Type, Print)  16. PRINT (Type, Print)  17. PRINT (Type, Print)  18. PRINT (Type, Print)  19. Print)									
		MOV 23 '92 Julia Davidson-Randeles									

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been allow to the upper and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement of the man applicate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been supplying up the upplicing physician and completely fill be filed within 72 hours after death with the State Dept. of Health	IMPORTANT: If Item 28 is marked, or Item 23 signa, any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / CI		MENT OF H		MENTAL HYGIEN REG. NO.	_							
	1. DECEDENT'S NAME (First, Middle, Last) GLORIA M. MCCA	ANN			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH						
	(HORIA MCCANI	7			11 13								
	4. SOCIAL SECURITY NUMBER  213-12-2658  5. SEX  1 □ M 2 ★ F  73		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. Date of Birth (Month, Day, New) 2/21/19   8. BirthPLACE (State or Foreign Country) Maryland								
	Se. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN O	R LOCATION OF DI	EATH	Bc. COUNTY O							
O. H	St.Agnes Hospital		Baltim	ore									
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT	ION			10d, INSIDE CITY						
DIRECTOR	Maryland Howard	12.1	llicott	City	LIMITES								
FUNERAL	30004 N. Ridge Rd. Unit 222		101.	21043		U.S.	A.						
N	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14, R	ACE - American Indian,						
8∀ ₽	1 Never Married 2 Married IF YES, GIVE WAR OR DATES  3 Wildowed 4 Divorced		1 TYES	2 NO Specif	n, Puerto Rican, etc.)	1	leck, White, etc.						
		CERPITIO (	JSUAL OCCUPATION		T		White						
COMPLETED	(Specify only highest grade completed) (G		ork done during mos		16b. KIND OF BUS	NESS/INDUSTR	Y						
1 2		retar	y & Boo	kkeeper									
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	Surname)							
BEC	Charles A. Murray			Mary	C. Currie								
TO BE CON					Route Number, City or Town								
EF	Doris E. Gately 4740 Gawain Drive, Ellicott City, Md., 21043												
	20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town, State												
E 4 Donation 5 □ Other (Specify) New Cathedral 11/19/92 Baltimore, N													
ayaiii da	21. SIGNATURE OF FUNERAL SERVICE LICENSEE / 22. NAME AND ADDRESS OF FACILITY												
	Harry H. Wilska						City,Md.21643						
Suite	23. PART I. Enter the diseases, or complications that ceused the de shock, or heart failure. List only one cause on each line	eath. Do no	ot enter the mo	de of dylng, suc	h as cardiec or reapi	ratory arrest,	Approximate ~						
	IMMEDIATE CAUSE (Final						Interval Between Onset and Death						
	disease or condition BRAIN STEM HEMORRHAGE												
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditiona, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
AT	cause. Enter UNDERLYING												
FI	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSECUTION OF AS	QUENCE OF	):										
CERTIFICATION	resulting in death) LAST												
5 1 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
CAL	PERFORMED? AMAILABLE PRIOR TO												
MEDIC	CORONARY ARTERY DISEASE				1 🗆 YES 2	NO	OF DEATH?						
	CONGESTIVE HEAR'T FAILURE						1 TYES 2 NO						
AN	FRACTURE OF (R) CLAVICLE 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
PHYSICIAN:	EXAMINER?  1 M YES 2 NO  HOSPITAL:  1 Vinpatient 2 ER/Outpetient 3		OTHER:	1000									
. H	27. MANNER OF DEATH 28e. DATE OF INJURY	26b. TIME	OF 28c. INJ	JRY AT	6 ☐ Other (Specify)  28d. DESCRIBE HOW II	JURY OCCURED							
ВУ Р	1   Matural 5   Pending (Month, Day, Year) 2 \$\sqrt{Applicate}\$ investigation   11/13/92	NOO		RK? 'ES 2 NO	PATIENT	FELL							
9 0	2 M Accident investigation 3 Suicide 6 Could not be building, etc. (Specify)			)	28f. LOCATION (Street a	and Number or Rue							
е Ш	4 Homicide determined				3004 N. RL	DE RD	ELUCITE CITY.						
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de	ath occurred	d at the time, date	end place, and due									
NO.	one) 2 MEDICAL EXAMINER: On the basis of examination end/or						ee(s) and manner ee stated.						
E U	296. SIGNATURE AND TITLE OF CERTIFIER	_		29c. LICENSE NUI	IBER /	29d. DATE SIGN	IED (Month, Day, Year)						
	Cole order Mit		_ 11	0437	126	> u/e	5/92						
<u> </u>  2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type,	Print)			1	1-16						
	reter Pak, M.P. St Agnes Has		, 900 S.	Caton Av	e, Baltimo	ore, MI	)						
	31. DATE FILED (Month, Day, Year) 9 92 32. REGISTOARIS SIGNATURE	70		- 41									
	11/15/1011 1 / 34	Cal ambig	- Structure										

at a second

Pages 1, 2, 3 should

permit.

DIVISION OF VITAL RECORDS, P.O. BOX 68760;

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requirements of the mospital or attending physician.	in ring physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trai	be filed within 72 hours after death with the State Dept. of the mean ment of the prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows the incomment of the medical examiner must be notified at once.
		D. STEEL BOXE	No. Injury
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law required	TO THE FUNERAL DIRECTOR: After this certificate has been and	be filed within 72 hours after death with the State Dept. of Marin	IMPORTANT: If item 28 is marked, or item 23 shows

BY ETED.

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92 33596 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH VEAD 10:45 A " MONEY MERRITT November 20 1992 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX B AGE (In yes last hirthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 903 Greenspring. DAYS HOURS 89 1 M 2 DE 218-46-1693 YRS. Jan.10 9a. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH SC COUNTY OF DEATH DIRECTOR 93 Main Street Warwick Ceci1 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Ceci1 Warwick 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 93 Main Street 21912 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? ORCES? 1 YES 2 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3€XWidowed 4 □ Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KING OF BUSINESS/INCUSTRY (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 8+) 12 Homemaker Homemaker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) A. Money James Cora Reynolds BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Richard В. Merritt Main Marwick Md 21912 20a. METHOD OF DISPOSITION

1 NBurial 2 Cremation 3 Removal from State 20c. LOCATION -- City or Town, State 20h PLACE AND DATE OF DISPOSITION (Name DATE 4 Donation 6 Other (Specify) 11/24 Warwick, Md Warwick Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY DANIELS & HUTCHISON 212 N. Broad St., Middletown, De. 19709 e 23. PART I. Enter the diseases, or complications that reuned the de-ahock, or heart fellure. List only one cause on sech line. ed the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Myelofibrosis resulting in death) 3 years DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Diabetes mellitus - insulin dependant. 1 | YES 2 | NO OF DEATH? TYES 2 T NO PHYSICIAN:

1537	100										
5. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Check only one)									
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	OTHER: 4 Nursing Home 5 Residen	nce 6 🗆 Other (Specify)								
7. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED								
3 Suicide 6 Could not b		ome, farm, street, factory, office	26f. LOCATION (Street end Number or Rural Route Number, City or Town, State)								

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurse at the time, date end place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D

07129

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Wallace Obenshain, Cecil-Kent Health Center, Cecilton Md. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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NOV 23'92 Devidson-Randelle

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O. BOX 68760, DIVISION OF VITAL RECORDS, STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			MENTAL HYGIENI REG. NO.	E				
1	1. DECEDENT'S NAME (First, Middle, Last) Fanny Amanda Mart	in				2. DATE OF DEATH November 2	2, 1992	3. TIME OF DEATN 4:06 Am			
	4. SOCIAL SECURITY NUMBER 104-26-7459	5. SEX 6. AGE (1		FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 7/18/1896	Cou	TINPLACE (State or Foreign intry) Cku, Finaland			
<u>_</u>	9a. FACILITY NAME (If not institution, give at				R LOCATION OF DE		9c. COUNTY OF DEATN				
5	Union Hospital of RESIDENCE OF DECEDENT	Cecil Count		Elkton							
J. HE	Maryland Cec	<del>,</del> 1		own or locate	ION		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
AL	10e. STREET AND NUMBER				ZIP CODE		F WHAT COUNTRY?				
FUNERAL DIRECTOR	224 East Main Str	eet 12. WAS DECEDENT EVER IN	110 1000		1921		Α.				
В	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) iy:	Bi	ACE — American Indian, ack, White, etc. White			
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 8+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r	k done during mo etired.)	N st of working	186. KIND OF BUS	SINESS/INDUSTRY				
OMP	17, FATHER'S NAME (First, Middle, Last)	/A	Home	maker	18. MOTNER'S NA	Home  ME (First, Middle, Maiden	Surname)				
BE C	Unknown				OF 100 OF	known					
5	190. INFORMANT'S NAME (Type/Print)					Route Number, City or Town					
	Edith Bugge	201	p. PLACE AND DATE Of Commetary, cramatory or Y View Ce	FDISPOSITION			North East, MD 21901  DATE 20c. LOCATION — City or Town, Sinte				
	1X Buriel 2 Cremetion 3 Remo	, MD									
	21. SIGNATURE OF FUNERAL SERVICE 1981  22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 S. Main St. North East, MI										
z	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, above, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
PHYSICIAN: MEDICAL	PART II. Other algoriticant condition	a contributing to deeth b	out not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		28. PI	ACE OF DEATH (C	heck only one)					
	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	26e. DATE OF INJURY (Month, Day, Year)		OF 26c, IN.		6 Other (Specify) 28d. DESCRIBE NOW I	NJURY OCCURED	,			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe-	( — At home, farm, stricify)			281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
COMPLETED	and and	CIAN: To the best of my know						se(a) and menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	me	alu	ele	29c. LICENSE NU	WIS 3		NED (Month, Day, Year) · 2 4, 92			
5	30. NAME AND ADDRESS OF PERSON WH					0.1.0.7.7					
	Madhu S. Sachdev 31. DATE FILED (Month, Day, 1681)	M.D. 3 N.	Main St.	North	East, M	D 21901					
	NOV 24'92	33. REGISTRAR'S SIGN	-Aandell								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

by hospital or attending physician.	s the denothed for use as the burial-transit permit. Pages 1, 2, 3 should	and it also
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director has filled within 70 hours offer death with the State has not death the State has not death with the State h	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be a

N.

NOV 20 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mathur

32. BEGISTRAR'S SIGNATURE
Julia Davidson-Randale

Mukesh

31. DATE FILED (Month, Day, Year)

												92	33598	
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	IEALTH	AND I	MENTA					
	1. DECEDENT'S NAME (First, Middle, Last)		- Ci	ENTIF	ICAI	L OF	DEA	In_	I a pare	REG. NO.				
	Patricia	Ann				MONT	OF DEATH H D/ 18		YEAR	7:35 p M				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	1 24 HRS.		OF BIRTH			ACE (State or Foreign	
	579-58-5305	1 □ M 2 ☑ F	☐ M 2 ☐ F 46 YRS.				HOURS	MIN.		(Month, Day, Year) Coun			,D.C.	
	Se. FACILITY NAME (If not institution, give i	street and number)	set and number) 9				OR LOCATI	ON OF DE		17-43		TY OF DEA		
8	3936 8th Street			th Beach Calvert										
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	v		N OR LOCATION					Car					
DIRECTOR	MD	Calvert											Id. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	- CULTUIT		I	orth		ach	-			1 40- 0/7/7		YES 2 NO	
FUNERAL	3936 8th Street						2071				USA		T COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF	RMED	13	WAS DEC			NIC ORIGII	17 (Specify Yea			American Indian	
	1 Never Married 2 Merried		YES 2 X	NO		if yes, sp	ecify Cubs	n, Mexica	in, Puerto	Ricen, etc.)	G. III	Black, White, atc.		
ВУ	3 Widowed 4 Divorced						- 23 110	ороон	,			Specify: White	2	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  12 Bartender  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Bartender  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										JSTRY				
2	Elementary/Secondary (0-12)	College (1-4 or 5	*)											
N N	12 17. FATHER'S NAME (First, Middle, Last)		I	Barte	ndei	-	Televisia.			estaur				
_	,									Middle, Malden				
BE	19a INFORMANT'S NAME (Total Field)													
2	James Earl Moore same as # 10 above													
	20s. METHOD OF DISPOSITION		20b. PLACE				_	ve	DAT	F 20c 10c	CATION — C	The or Town	State	
20s. METHOD OF DISPOSITION  1 © Burlal 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  MD Veterans Cemetery Nov. 23 1992 Che1														
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	IIID VCC	CLAIN		NAME AN				one i	OCIIIIO	1111	,	
	► William of	Mr			D-	. u a ah	Fun	ora1	Цот	e, P.A	017	inge	мп	
	23. PART I. Enter the diseases, or	complications the	t ceused the de	eth. Do r									Approximata	
	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cau	ise on each line	<b>.</b>							,		Interval Between Onset and Death	
	disease or condition resulting in death)	010	he	m	12.	R	21	fu	n			Ones and Dead		
	MMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):													
ᇹ	Sequentially list conditions,													
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	OUENCE O	F):									
[윤]	CAUSE (Disease or Injury that Initiated events	c. DUF TO	(OR AS A CONSEC	OHENCE OF	D.									
	resulting in death) LAST		(OII NO A CONSE	active of	,.									
빙		d												
¥	PART II. Other eignificent condition	el'X	death but not r	resulting I	in the u	nderlying	ceuse g	given in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS	
ğ	- Clerra	ach	01 40	10/	ey	10			_	1   YES 2	( NO		MPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDICAL									— i			1 (	YES 2 LNO	
AN	25. WAS CASE REFERRED TO MEDICAL					20.00								
SIC	EXAMINER?	HOSPITAL:	EB/Outpetlest 3	□ DOA	OTHE	R:	ACE OF DI	1						
Ή	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	Bidence		CRIBE HOW IN	JURY OCCI	JRED		
ву р	1 Natural 5 Pending	(Month, D	wy, Ybar)	INJ	URY	WO	RK?	NO						
	3 Suicide 6 Could not be	28e. PLACE O	F INJURY At ho	me, ferm, o	street, tec	tory, office	)		28t. LOC	ATION (Street e	nd Number a	r Rural Routi	Number,	
TE	4 Homicide determined	ounding,	=10. (ароспу)						City	or Town, State)				
PLE	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occurre	d at the	time, date	end place,	end due	to the cau	se(e) end man	ner ee state	d.		
COMPLETED	one) 2 MEDICAL EXAMINE												d menner ee stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			1				NSE NUM					onth, Day, Year)	
0 8	m	ofte	~ ~	)		1	D - 7	254	ユ		1	1/1	5/92	
$\succeq$	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH STEE	14 am (T								/		

OHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSOLAN THE LAW again the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this case to be breath and Mental Hygiene prior to burial, cremation, or removal.

Be filed within 72 hours after death with the Barrel Case, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

ECORDS, P.O. BOX 68760,

DIVISION OF

FOR

	1 - STATE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH											3. TIME OF DEATH	
	(FRANK) Fi	rancis	sco Jesus	5	M	ONNE			11-2	2-92		YEAR	0223 M
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 1		R 24 HRS.	7. DATE OF	BIRTH		B. BIRTH	IPLACE (State or Foreign
	128-34-1741		1 🔀 M 2 🗆 F	52	YRS.	MONTHS E	AYS HOURS						na, Cuba
	9a. FACILITY NAME (If not insti	litution, give s	treet and number)			9b. CITY, TO	OWN OR LOCAT	ION OF DE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	CALVERT M		AL HOSPIT	<u>ral</u>		PRINC	E FREI	EICK	, MD.		20	0678	CALVERT
Ä	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY
	Maryland		Lus	sby							1 YES 2 NO		
¥	10e. STREET AND NUMBER								10g. CITI	ZEN OF V	WHAT COUNTRY?		
띨	10969 Holly	Drive	9						Cub	a			
FUNERAL	11. MARITAL STATUS  1 Never Married 2 [X] M		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR			B DECENDENT				or No-	14. RACE	E — American Indian, k, White, atc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES					iχ	V:						
COMPLETED	15. DECEI (Specify only i	DENT'S EDU	CATION completed)			USUAL OCCI	JPATION ng most of work	ina	16b. KJP	OF BUS	SINESS/INC	USTRY	
	Elementary/Secondary (0-1		College (1-4 or 5 +	Ho.	Do NOT u	se retired.)							
₹	Grade 12			Sa:	lesma	n					y Sy	stem	S
	17. FATHER'S NAME (First, Mich	-							ME (First, Midd	le, Maiden	Sumame)		
BE	Francisco Mo			Zoila Perez  19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)									
2			Wanna'	1								Code)	
valetie McFadden Monne 10969 Holly Dr; Lusby, MD 20657													
	20s. METHOD OF DISPOSITION  1 Burial 2 (X cremation 3   Removal from State  4   Donation 6   Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of opmiglery, crematory or other place)  Metropolitan Crematory 11/24/92 Alexandria, V:  21. SIGNATURE OF FUNERAL SERVICE LICENSEE											wn, State	
												VIIginia	
	Rausch Funeral Home, 4405 Broomes Road, Port Republic, Maryland 2067												
22 PADT I Enter the discourse or considering the discourse of the day of the												Approximate	
	immediate cause (Fine	art fallure.	List only one cau	ise on each line						1 .			Interval Between Onset and Death
Ì	disease or condition												
	OUE TO (OR AS A CONSEQUENCE OF):												
N	Sequentially list conditions,  a. Color of the sequential of the s												
CERTIFICATION	if any, leading to immediate  cause. Enter UNDERLYING												
임	CAUSE (Disease or Injury that initiated events		c	(OR AS A CONSE	DUENCE O	FI:							
E	resulting in death) LAST	-		,		. ,.							
CE		-	d										
AL	PART II. Other algolficant	condition	e contributing to	death but not r	esulting	In tha unda	Part I. 24s. WAS AN AUTOPSY PERFORMED?			24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
음										YES 2			COMPLETION OF CAUSE OF DEATH?
ME													1 YES 2 NO
ä													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  BY AND THE PORT OF THE												
PHYSICIAN: MEDICAL	1 TES 2 NO		1   Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	Home 5 🗆 F	lesidence	6 Other (Sc	pecify)			
F	27. MANNER OF DEATH  1 Natural 5 Pe	andlen.	28a. OATE OF (Month, D.		28b. TIM	JURY	c. INJURY AT WORK?		28d. OESCRI	BE HOW II	JURY OC	CURED	
BY	2 Accident Im	vestigation					YES 2	□ NO					
		ould not be etermined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, term,	street, factory	offica		281. LOCATIO City or To	N (Street a own, State)	nd Number	or Rural F	Route Number,
	29a. CERTIFIER	000.00.00	20000000000									_	
COMPLETED	(Check only		CIAN: To the best of R: On the basis of a										) and menner as atated.
B	296. SIGNATURE AND TITLE O	e centraries	BA	Du	u	_	29c, LIC	270	ABER		29d. DAT	E SIGNED	(Month, Dey, Year)
٩	30. NAME AND ADDRESS OF EMAD R. ALI	1		PRINCE			MD 3	0670			/		7 /
	31. DATE FILED (Month, Day, Ye			R'S SIGNATURE	CKED	EKICK,	ויוט. 2	8/00					
	NOV 2	3 199		Savidson To	2	•							
		0 100	Tunan	JULIAN Sent	ande l'	<u></u>							

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28.5

with miles

Rose

1. DECEDENT'S NAME (First, Middle, Last)

Ellen

1 - FOR STATE REGISTRAR

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)
Maryland

2. DATE OF DEATH DAY

10

DIVISION OF WITH RECORDS, P.O. BOX 68760,

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HOSPITAL OR ATTENDING PHYSICAN The prices that the death certificate be executed within 24 hours after death. Page 6 may by	FUNERAL DIRECTOR: After this cummers are signed by the attending physician and completely filled in by the funeral director, page	STILL
A	AL	2
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31. DATE FILED (Month, Day, Year) NOV 1 2 1992

TE OF BRITH onth, Day, Year)
GIN? (Specify Yes to Rican, etc.)
16b. KINO OF BUS
Health
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imber, City or Town
Salisbu
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24a. WAS AN . PERFOR
1 TYES 2
1 TYES 2
1 TYES 2
one) ther (Specify)
one) ther (Specify) DESCRIBE HOW IN
one)  ther (Specify)  ESCRIBE HOW IN  DCATION (Street a lifty or Town, State)  course(a) and menu-
ther (Specify) DESCRIBE HOW IN
h lu S

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Niblet

9c. COUNTY OF DEATH Wicomico 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA or No-14. RACE — American Indian, Black, White, etc. Specify: white INESS/INDUSTRY Care Surname) Dykes , State, Zip Code) y, MD 21801 CATION - City or Town, State isbury, MD 21801 MD isbury, Approximata ratory arreat, Interval Batwean Onset and Death AUTOPSY MED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NO 1 TES 2 NO JURY OCCURED nd Number or Rural Route Number, due to the cause(s) and menner as stated. 29d. DATE SIGNEO (Month, Day, Year) D39813 11/11/ ]]04 HEALTHWAY DRIVE, SALISBURY, MD. 21801 DHMH-16 Rev 1/89

TO THE HOSPITAL DHATTENDING PHYSICIAN THE BASE OF THE CONTINUE OF EXECUTED WITHIN 2. A FUTS Affect death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTION ATIM THIS CONTINUE AND THE PROPERTY OF STREET OF THE FUNERAL DIRECTION, DATE OF STRONG OF DESCRIPTION OF STRONG	fental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: Il them 28 is marked, or team seasons any injury, or other traumatic event, the medical examiner must be notified at once.
Sanitha wa	To Copy	Apr. of Hear	١
SCIAN: 18	certificat	The Start	or item.
DING PHYS	After this	death with	s marked
R ATTEN	RECTOR	ors after	m 28 i
N.O	RAL DE	72 ho	=
TO THE HOSP	TO THE FUNE	be filed within	IMPORTANI

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
į	1. DECEOENT'S NAME (First, Middle, Lost) Thomas Martir	n N	lovak				2. DATE OF MONTH	DAY	20 1	YEAR 991	3. TIME OF DEATH  9:45 PM		
	4 SOCIAL SECURITY NUMBER 465-56-6118	5. SEX 6. AGE (	In yrs. lest birthday) YRS.	IF UNDER t	-	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BISTH		8. BIRTH	PLACE (State or Foreign aso Tx.		
<u>۳</u>	9a. FACILITY NAME (If not institution, give str		1170-A	0-A 96. CITY, TOWN OR LOCATION OF DEATH PORT TODACCO							county of Death Charles		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY	, TOWN OR	LOCATIO	ON .			01.	T	10d INSIDE CITY		
	MD Chai	rles	Por	t To	bac	со				LIMITS?			
FUNERAL	100. STREET AND NUMBER  Rt # 1 Box 1170	Λ				0677		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
ONE	11. MARITAL STATUS	12. WAS DECEDENT EVER IF FORCES? 1 X YES	N U.S. ARMED		AS DECE	NDENT OF HISPAN		Specify Yes o					
B√	1 Never Married 2 Married 3 Widowed 4 Divorced	2 NO ATES	1	yes, spec		Specify: White							
15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  (Specify only highest grade completed)  (Sub kind of work done during most of working life. Do NOT use retired.)									USTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Editor				Ne	ws M	edi	a			
BE CON	17. FATHER'S NAME (First, Middle, Leist) Richard Novak					Octiv				ak			
10 8	ta. INFORMANT'S NAME (Type/Pdnt) Sandra Novak		196, MAILING Rt# 1			70-A P					20677		
20s. METHOD QF, DISPOSITION  1													
	21. SIGNATURE OF FUNERAL SERVICE LIC	(EHA	Appress of the RT-ECH Box 56	OLS I	FUNER	RAL	HOM	E, INC.					
	23. PART I. Enter the disease, or o										0646 Approximate		
	shock, or heart failure. I	e. List only one cause on e	ech line.	ale	2.5	leol	ast	ma			interval Between Onset and Death		
Z		DUE TO (OR AS A CONSEQUENCE OF):											
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	7):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	7):									
	PART II. Other algolificant condition	a contributing to death b	out not resulting i	n the und	dertying	cause given in	Part I. 24	la. WAS AN A		24b.	WERE AUTOPSY FINDINGS		
DICAL			<del> </del>				_ 1	PERFORA			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
<u>X</u>											1 YES 2 NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF DEATH (Ch	eck only one)						
1X	1 VES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 28b. TiM	4 - Nursi		5 Residence	6 Other (S	. ,.	JURY OCC	CURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M	WOR								
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe-	/ — At home, farm, s city)	street, facto	ry, office			ON (Street ar Town, State)	nd Number	or Rural F	loute Number,		
COMPLETED	anal and	CIAN: To the best of my know									and manner as stated.		
	29b. SIGNATURE AND THE OF CENTIFIES					29c. LICENSE NUI					(Mogth, Day, Year)		
TO BE	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF OR		Direct	,	DIFFE	20		► U	1 H	12/		
		dak-8926 V			. C	linton	.Mar	vlan	d				
	31. OATE FILED (MONTH, Day, John 192	32. REGISTRAR'S SIGN	NATURE Idson-Randa	St.					Tax -				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO	J.				
		ERMESE	NUSBAUN	1		2. DATE OF DEATH NOV. 21,	1992	3. TIME OF DEATH 3:46PM M			
	4. SOCIAL SECURITY NUMBER 216-44-4664	¹□ FEMALE	(In yrs. lest birthday) 79 YRS.	MONTHS DAY	8 HOURS MIN.	7. DATE OF BIRTH (Month, Day, Mari) 06/22/13	MA. BI	RYLAND			
TOR	98. FACILITY NAME (If not institution, give CARROLL COUNTY G RESIDENCE OF DECEDENT			/	N OR LOCATION OF DI MINSTER	EATN	CARRO				
DIRECTOR		EDERICK	"UN"	ON BRI							
FUNERAL	"11910" GREEN VALL	EY RD.			101. ZIP CODE 2179	91	10g. CITIZEN (	U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Dil Oyoee d	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES CIVE WAR OR D	2 NO	If yes	DECENDENT OF NISPAR specify Cuben, Mexica (ES 2   NO Specify	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.			
ETED.	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUP work done during se retired.)	ATION most of working	16b. KIND OF BU	SINESS/INDUSTR	IY			
COMPLET	11 17. FATNER'S NAME (First, Middle, Last)		OP.RM.	ASST.	ST. HOSPITAL  18. MOTHER'S NAME (First, Middle, Malden Surname)						
BE C	SAMUEL SIX				FRAI	NCES GARBE	R				
2	190. INFORMANT'S NAME (Type/Print) CHARLES W. NUSBA	UM, SR.	8607 (	ADDRESS (Sine CHESTNU	et and Number or Rune! T GROVE FI	ROUTE Number, City or Tow REDERICK		MD 21701			
	20a. METNOD OF DISPOSITION BU 1   Buriel 2   Cremation 3   Rei 4   Donation 5   Other (Specify)		BEAVER OF			DATE 20c. LOCATION — City or Town, State  11/25 NR. JOHNSVILLE, MD					
	21. SIGNATURE OF FUNERAL SERVICE L	O. Karth	En	22. NAME	UNION			ER & SONS			
CERTIFICATION	23. PART : Enter tha diseases, or complications that caused tha death. DD not anter tha mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST	d									
O BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other aigniticent condition	ens contributing to death i	but not reaulting	in the underly	ying cause given in	Part I. 24a, WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF OEATH (Ch	eck only one)					
PHYSICIAN:	1  YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	1   Inpatient 2   ER/Out	26b. TIM	E OF 28c.	INJURY AT WORK?	6 Other (Specify) 26d. DESCRIBE NOW	INJURY OCCURE	0			
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	250 PLACE OF INJURY	Y — At home, farm,		YES 2 NO	26f. LOCATION (Street City or Town, State)	and Number or Ru	iral Route Number,			
OMPLET	200	SICIAN: To the best of my know						eso(a) and manner as stated.			
BEC	296. SIGNATURE AND TITLE OF CERTIFIC	Surelm,	D		29c. LICENSE NUI		NEO (Month, Day, Year) 22-92				
10	30. NAME AND AGORESS OF PERSON W	SURIEL	EATN (ITEM 27) (Type	, Print)			***				
	21. DATE FILED (Mover, Day, Mar)	32. REGISTRAN'S SIGN	HATURE X	une	Mis						

BALTIMORE, MARYERIO 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

Marin Land Vo

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL PECONOS, P.O. BOX 13146, BALLIMORE, MAHYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The INVESTIGAN: The INVESTIGAN THE INVESTIGAN OF THE INVESTIGATION OF THE	; certificate him were transfing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	filed within 72 hours after death with the State Cheese Hearth Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the State [14]	IMPORTANT: If Item 28 is marked, or Item 2

	1 - STATE REGISTRAR	STATE OF N	/ MARYLAND CE				DEAT		MENTAL	REG. NO		_	00	000
	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AV	VEAD	3. TIME OF	DEATH
	John B. Norris	3							Nov.		199	92	9:00	О Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	(Month	Dey, Year)		Count	HPLACE (State	
	214-12-4644	1 🔀 M 2 🗌 F	73	YRS.						1 13,			ryland	i
~	9a. FACILITY NAME (If not institution, give a	· ·			9b. CITY		R LOCATIO					NTY OF		
0	601 Sacred Hear	rt Lane				Reis	sters	stown	1		Ba	alti	more	
DIRECTOR	10e. STATE 10b. COUNT	4		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE	
	Maryland Ba	altimore			Reis	sters	stown	1			1 YES			
AL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNT	TRY?
FUNERAL	601 Sacred Hea						2	21136	5	USA				
5	11. MARITAL STATUS  1 Never Merried 2 Merried	FORCES? 1	IT EVER IN U.S. ARI	WEO O		If yes, sp	ecify Cube	n, Mexice	n, Puerto F	7 (Specify Yealican, etc.)	e or No—	14. RAC Blac	CE — America ck, White, etc.	n Indian,
BY	3 Wildowed 4 Divorced	1943 -1				1 TYES	2XXNO	Specify	r.			Spec	o#y: Whit∈	2
	15. DECEDENT'S EDU	CATION	16e. DEC	CEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BU	SINESS/INI	DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Hho	ve kind of Do NOT u	work done se retired.)	during mo	al of working	ng						
MPL	H.S.								S	ocial	Secu	irit	y Admi	in.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									Aiddle, Maiden				
BE	John E. Norris									Krein				
2	190. INFORMANT'S NAME (Type/Print)  Maria N. Small									er, City or Tow			MA 21	136
Maria N. Small  20. METHOD OF OISPOSITION 1X Burlel 2 Cremetton 3 Removat from State 4 Donetton 5 Other (Specify)  Druid Ridge Cemetery  Md. 21  20c. LOCATION - City or Town, State office place)  Druid Ridge Cemetery  Pikesville, Md.											130			
22. NAME AND AGORESS OF FACILITY  11824 Reisterstown Rd.										D.1				
	1 com B	2	Conj		E.1	ine	Fune	ro1	Home				stown n, Md.	
(	23. PART I. Enter the diseases, or												Appr	roximata
1	shock, or heart failure. List only one cause on each line.  Interval Betwee Onset and Des													
		· CA	ADIAC		AR	RA	57	-						
	disease or condition resulting in death)  a. CARDIAC PARTIES  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
NO	Sequentially list conditions,	b. (6)	Cou	901	HV		au	dis	ny	010	70	4	_	-
ATI	If any, leading to immediate cause, Enter UNDERLYING	C	A CONSE	IUENCE (	<i>i</i> -j:								į	
FIC	CAUSE (Disesse or injury that initiated events	c. OUE TO	OR AS A CONSEC	UENCE C	F):									
CERTIFICATION	reaulting in death) LAST	d												
Ö	PART II. Other significent condition	ns contributing to	death but not n	esulting	in the u	nderivin	d ceuse	alven-In	Part I.	24s. WAS AF	N AUTOPSY	24	Ib. WERE AUTO	OPSY FINDINGS
ICAL	Renal de	21/114	P . (		PD		Pr	15	)		RMEO?		AMILABLE	
MEDI		47/000	$\overline{}$						_	1   YES	2 ma		OF DEATH?	
									_					2 [ 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF (	DEATH (Ch	eck only or	10)				
SIC	1 U YES 2 NO	HOSPITAL:	☐ ER/Outpatlant 3	□ DOA	4 Nu		ne 5 🗆 R	eeldence	6 🗆 Othe	r (Specify)				
PH	27. MANNER OF DEATH	26e. DATE Of (Month, i	F INJURY Day, Year)	28b. TII	JURY		JURY AT DRK?		28d. DE:	CRIBE HOW	INJURY O	CCURED		
ВУ	1 Netural 5 Pending 2 Accident Investigation				М		YES 2 [	_ NO						
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE ( building	OF INJURY — At ho , etc. (Specify)	me, ferm,	atreet, fac	ctory, offic	ce			ATION (Street or Town, Stetu		er or Rura	I Route Numbe	NG.
Ē	29e. CERTIFIER													
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	ER: On the beat of											e(a) and mann	er as stated.
	286. SIGNATURE AND TITLE OF CERTIFIE							ENSE NU					ED (Month, De	
BE	1/14	CHI.	14	>				62		-	1	1/-	20-	Er
유	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAL	USE OF DEATH (ITE	M 27) (Typ	e, Print)		/					/		
	Peter Oroszlan,	M.D. 17	77 Reist	erst	own	Rd.	Sui	te 3	365	Owing	s Mil	lls,	Md.	
	31. DATE FILED (Month, pay, Year)	132 REGISTR	HAR'S SIGNATURE	400_										

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## deam certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, 

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

_	HEGISTHAR			CERTIF	ICALE	P DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last) Donald	Milford			Newe	omb	2. DATE OF DEATH MONTH DO	20 1	992	LTIME OF DEATN			
	4. SOCIAL SECURITY NUMBER 220-03-4858	5. SEX 1 1 1 2 1 F	6. AGE (In yrs. 81	lest birthday) YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) 01 19 19			ACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give	street and number)			9b, CITY, TO	N OR LOCATION OF D		ITY OF DEA					
DIRECTOR	PENINSULA REGION	IAL MEDICA	AL CEN	TER		SBURY		197 88 50	COMI				
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION			1	od, INSIDE CITY			
	MD. Doi	chester	· · · · · · · · · · · · · · · · · · ·		Cam	bridge			1	LIMITS?			
FUNERAL	12 Jenkins	Creek R	oad			101. ZIP CODE 2161	3	10g. CITIZ		S.A.			
В	11. MARITAL STATUS  1 Never Married XX Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES X		If yes	DECENDENT OF NISPAI , apecify Cuban, Mexica YES 2 VNO Specify	or No-	1- 14. RACE — American Indian, Black, White, etc. Specify: White					
	15, DECEDENT'S EDU		16a.	DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/INDL	USTRY				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Ille. Do NOT us	work done during ne retired.) "MCL"	most of working	Self	emp]	Loye	đ					
No.	17. FATHER'S NAME (First, Middle, Lest)					15. MOTNER'S NA	MF (First Middle Meiden	Sumama)					
BE C	George Mediord NewComb Vivian Emily												
5	194. INFORMANT'S NAME (Type/Print) Mrs. Marie New	comb					Route Number, City or Tow Rd. Cambi			. 21613			
	20a. METNOD OF DISPOSITION  X X Burtal 2 □ Cremation 3 □ Ren	oval from State	20b. PLAC	CE AND DATE	eand date of disposition (Name of chester Mem. Park 11/23 Cambridge Md.								
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	ımbri	briage Ma.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Thomas Funeral Home, Cambr												
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
	IMMEDIATE CAUSE (Fine)									Onset and Death			
	disease or condition resulting in death)  a. Myoconduct In farction  Due to (or as a consequence of):												
NO													
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	(OR AS A CON:	SECUENCE OF	r):								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CON	SEQUENCE OF	F):								
		0.								1			
EDICAL	PART II. Other algnificant condition	ne contributing to	death but no	ot resulting	in the under	ying cause given in	Part i. 24a. WAS AN PERFOR	MED2	At C	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?			
PHYSICIAN: M									1	YES 2 NO			
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				. PLACE OF OEATH (Ch	eck only one)						
YSI	1 D YES 2 TO NO	1 ☑ Inpatient 2 □	ER/Outpatient	3 🗆 DOA	OTHER:	Nome 5 - Residence	a C Other (Specify)						
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF (Month, De	INJURY ny, Year)	26b. TIM INJ	URY	INJURY AT WORK?  YES 2 NO	28d. OEŞCRIBE NOW II	NJURY OCC	URED				
8	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At etc. (Specify)	home, farm, r	street, factory,	ffice	281. LOCATION (Street a City or Town, State)	and Number o	or Aural Rou	ite Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS						to the cause(a) and mar time, data and place, an			ind menner as stated.			
D III	296. SIGNATURE AND HTLE OF CERTIFIE	R /	-			29c. LICENSE NUI	WBER	29d. DATE	SIGNED (N	fonth, Day, Year)			
TO BE	Steph	Paul		mo		D417:	21	•	11/2	0/92			
	30. NAME AND ADDRESS OF PERSON WHE	5700	RIVERS	TEM 27) (Type	De . S	4 B101 S	Alisbury	, me	1.2	1801			
	31. DATE FILED (Month, Day, Year) NOV 2 4 '97	32. REGISTRA	a Davids	n-Rand	Le 182		-						

Mary Sand The said

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PHYSICIAN: The law requires that the committee water be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the most in physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the common rate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by meaning physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other tr

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	Melvin Fidnels Nalley Month DAY YEAR												3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER		T. Any	III. III.									9	92	11:15 AM
	578-38-2390		5. SEX	6. AGE (In	975. lest	birthday)	IF UNDE	DAYS	IF UNDE	MIN.	7. DATE OF 1 (Month, Da 5-14-	y. Year)		Countr	
	Sa. FACILITY NAME (If not in					111.5	9b, CIT	Y. TOWN (	OR LOCATI	ON OF DE		-30	I an cou	Was	h D.C.
DIRECTOR	Calvert Me	emoria:		a1					Fred					Calve	
EG	RESIDENCE OF DEC	10b. COUNTY	Y			10c. CIT	y. TOWN	OR LOCAT	TION						10d. INSIDE CITY
	MD		vert						e Be	ach					LIMITS?
FUNERAL	3801 Ches		e Avenue					101	f. ZIP COD	€ 0732			10g. CIT		HAT COUNTRY?
S	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN L			13.	WAS DEC	CENDENT (	DF HISPAN	HC ORIGIN? (S	necify Yes	or No-	14. RACE	— American Indian,
BY F	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1			D		If yes, sp		n, Mexica	n, Puerto Ricar		32. Tri	Black	white, etc.  White
	15. DEC	EDENT'S EDUC	CATION	- 1	16a. DEC	EDENT'S	USUAL C	OCCUPATIO	ON		16b. KIN	D OF BUS	HNESS/INC		
COMPLETED	Elementary/Secondary (0	ly highest grade ( 0-12)	College (1-4 or 5		(G/v	re kind of v	work done se retired.)	during mo	ost of worldi	ng					
MP	8				Со	ntra	actor	<u> </u>			Se	elf F	Emplo	yed	
BE CO													Mills		
10											n, MD 20732				
	20s. METHOD OF DISPOSITION 1 12 Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of conjector, competent of other (Specify) Conjector,														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	Popo	~	/		M002						al Hom				20736
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. MFTASTATIC CARCINOMA OF THE RECTURE  OUE TO (OR AS A CONSEQUENCE OF):														
LION	Sequentially list conditions, If any, laading to immediata  DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	cause, Enter UNDERLYII CAUSE (Disease or Injurithet initiated events	ING	DUE TO	(OR AS A C	ONSEOL	UENCE OF	Fi:								-
ERT	resulting in death) LAST	T C	d,												
	PART il. Other algnificat	nt conditions	s contributing to	death but	not re	suiting i	in the ur	nderlying	ceuse g	ziven in I	Part i. 24a	. WAS AN	ALITOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL				Techn in			225.71.22	ACTOR CO.				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
											_				1 TES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)														
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpeti	ient 3 [	DOA	OTHER	R:			8 Other (Spi	- 744-1			
并	27. MANNER OF DEATH		28a. OATE OF (Month, Di	INJURY		26b. TIM		28c. INJ	URY AT	Siderice	28d. DESCRIE		JURY OCC	CURED	
BY 1		Pending Investigation					М	1 🗆 Y	RK? YES 2	NO					
COMPLETED		Could not be detarmined	26s. PLACE Of building,	of INJURY — etc. (Specify)	- At hom	e, term, s	treet, fact	tory, office	•		28t. LOCATION City or Tox		nd Number	or Rural R	outa Number,
릴			CIAN: To the best of												
Sol	2 MEDIC			xamination a	ind/or Im	vestigation	n, in my o	pinion, de	eath occur	red at the t	time, data and	place, and	due to th	e cause(s)	and manner as stated.
띪	296. SIGNATURE AND TITLE	OF CENTIFIER	Wines	1					29c. LICE	INSE NUM	BER	a	29d. DAT	E SIGNED	(Month, Day, Year)
유	30. NAME AND MODRESS OF	PERSON WHO	COMPLETED CALL	BE OF DEATH	H (ITEM	27) (Type.	Print)			) of (	(93)		_	11/1	9/92
Į.	150H	v A	WEIG	FFZ.	M	1) -	P.	PINE	6	FRE	D FR	16	mi	1 - 2	00 678
	NOV 2	0 1992	32. DEGISTRA	g's signati	- Par	dell								,	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The IAM IMMINISTED IN A SITUATION OF EXECUTED WITHIN 2	TO THE FUNERAL DIRECTOR: After this confidence has been jumiliarly in attending physician and completely fi be filed within 72 hours after death with the Sam Engl. of History Mental Hygiene prior to burial, cremation
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O. B	rtificat	giene p
9.	ath ce	attendir rtal Hys
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	풀	THE PER
	2	23

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ITMENT OF I		MENTA	AL HYGIEN REG. NO		. 000	,00
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	PAUL NES	S, JR.			2. DAT	E OF DEATH	5 9	Z 3. TIME	OF DEATH
	4. SOCIAL SECURITY NUMBER 215-26-8142	1XM2    F	(lef yrs, last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	(Mor	E OF BIRTH Wh, Day, Year) 9/1931	- 1	8. BIRTHPLACE (S Country) Marylan	_
TOR	98. FACILITY NAME (If not institution give stre	University of MD Medical Center Baltimore City  So. COUNTY							TY OF DEATH	
DIRECTOR	10e. STATE 10b. COUNTY	roll	10c. CITY, TOWN OR LOCATION  Hampstead			đ				IDE CITY ITS?
FUNERAL	10s. STREET AND NUMBER 4121 Maple Grove	Road	-			EN OF WHAT COL	INTRY?			
¥		12. WAS DECEDENT, EVER II FORCES? 1 2 YES IF YES, GIVE WAR OR D 11/9/63-1	N U.S. ARMED 2 NO ATES /30/80	J.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It. RACE — American Puerto Rican, etc.)  15. ARMED  16. YES 2 Dr. NO Specify  17. YES 2 Dr. NO Specify  18. ARMED  19. ARMED  19. ARMED  10. Specify  10. Sp						ican Indian, Ntc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16a, DECEDENT'S	USUAL OCCUPATION of done during more retired.)	16	b, KIND OF BU	SINESS/INDL			
MP	GED		Meat P	rocesser					s Meats	
E COM	17. FATHER'S NAME (First, Middle, Last)  Charles P. Ness,	Cr.			III. San		Middle, Meiden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	SI.	19b. MAILING	ADDRESS (Street		4	sbaum	n State 7in i	Code	
TO BI	Gertrude Ness			Maple 0						4
1971 00	20p. METHOD OF DISPOSITION  1 M Burlet 2 Cremation 3 Remove  4 Donation 5 Other (Specify)		netery, cramatory or o	ther place)		DA I I			ster, M	a
	21. SIGNATURE OF PUNERAL SERVICE LICE		ricadow D		NO ADDRESS OF					
examina	22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main Street, Hampstead, Md. 21074									
deem, me mente	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Tuphred	ach line.	ominal					Int	proximate erval Between set and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to death b	out not resulting	in the underlyin	g cause given	in Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	COMPLET OF DEAT	TOPSY FINDINGS LE PRIOR TO TION OF CAUSE H7
N. N										
SICIA		HOSPITAL:	netient 3 🗆 nos	OTHER:	LACE OF DEATH (					
	27, MANNER OF DEATH Matural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	NO 5   Residence	8				
TED	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281, LOCATION (Street and Number or Rural Route Number, City or Yown, State)			ber,
BE COMPLETED		IAN: To the best of my know								nner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  Made B Seme	m			29c. LICENSE N	UMBER		29d. DATE	SIGNED (Month, 6	lay, Year)
	30. NAME AND ADDRESS OF PERSON WHO NOCINE B SERVE 31. DATE FILED (Month, Day, Year)				B-1(+	0	D 20	1201		
	NOV 17	mb 2 32. REGISTRAR'S SIGN 92  Jul	hia Bavidson	-Andell						
										DHMH-16 Rev t/89

CORDS, P.O. BOX 68760, BALTIMORE, MARYLAN	TO THE HOSPITAL OR ATTENDING PHYSIC ME THE SECOND TO THE HOSPITAL OR ATTENDING PHYSIC ME SECOND THE HOSPITAL OR ATTENDING PHYSIC ME THE MET THE HOSPITAL OR ATTENDING PHYSIC MET THE MET THE PROPERTY OF THE MET THE MET THE PROPERTY OF THE MET THE PROPERTY OF THE PROPERTY	TO THE FUNERAL DIRECTOR: After this commencement by the attending physician and completely filled in by the funeral director, page 5 should be detact the field within 72 hours after death with the second personal property of the field within 12 hours after death with the second personal per	IMPORTANT: If item 28 is marked.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAL TREATMENT	TO THE FUNERAL DIRECTOR: After this concernment he filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, or hand the transfer

EPHRAIM BARZAGA

31. DATE FILED (Month, Day, Year)
NOV 1 7 '92

4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birtholay)   F UNDER 34 HRIS.   7. DATE OF BIRTTH   12—12—5982   12 MPATE   75 YRS.   10 MONTHS DAYS   MOUNTS DAYS   MOUNTS DAYS   MAY   MOUNTS   MRI.   10 MONTHS DAYS   MAY	104 INCIDE CITY (LUMPS? t YES 2 NO EN OF WHAT COUNTRY?							
TO THE DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DEATH SECTION OF DEATH	RYLAND  TY OF DEATH  LL  10d, INCIDE CITY LIMITS?  t YES 2 NO EN OF WHAT COUNTRY?							
ARROLL COUNTY GENERAL HOSP.    ARROLL COUNTY GENERAL HOSP.   WESTMINSTER   CARROLL	10d JUNE E CITY ILLIANDS?  I VES 2 NO  EN OF WHAT COUNTRY?							
10. STREET AND NUMBER 10 CHURCH ST.  11. MARITAL STATUS 11. MARITAL STATUS 11. Nover Married 2   Married PORCEST 1   YES 2   NO   If Yes, apecity Cuben, Maricen, Puerto Rican, etc.)  11. MARITAL STATUS 11. Nover Married 2   Married PORCEST 1   YES 2   NO   If Yes, apecity Cuben, Maricen, Puerto Rican, etc.)  11. Nover Married 2   Married PORCEST 1   YES 2   NO   If Yes, apecity Cuben, Maricen, Puerto Rican, etc.)  12. WAS DECEDENT'S EDUCATION   If Yes, apecity Cuben, Maricen, Puerto Rican, etc.) 11. Yes, apecity Cuben, Maricen, Puerto Rican, etc.) 12. Nover Married 2   NO   Nover Married   If Yes, apecity Cuben, Maricen, Puerto Rican, etc.) 13. WAS DECEDENT'S USUAL OCCUPATION   If Yes, apecity Cuben, Maricen, Puerto Rican, etc.) 14. Nover Married 2   NO   Nover Married   If Yes, apecity Cuben, Maricen, Puerto Rican, etc.) 15. DECEDENT'S USUAL OCCUPATION   If Yes, apecity Cuben, Maricen, Puerto Rican, etc.) 16. NOT use referred.) 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Medicin Surneme) 19. NOVI use referred.) 19. NOVI use referred.) 19. NOT use referred.  19. NOTHER'S NAME (First, Middle, Medicin Surneme) 19. NOTHER'S NAME (Firs	t ☐ YES 2 ☐ NO EN OF WHAT COUNTRY?							
S   Wildowed Ma   Diagraph   If Yes   College   If Yes   College   If Yes   College   If Yes   If Ye								
S   Wildowed Ma   Diagraph   If YES   ON   Negative   It   YES   ON								
JESSE V. GARVER  199. INFORMANT'S NAME (Type/Print)  GEORGE S. OBRECHT  206. METHOD OF DISPOSITION BURIAL  1	14. RACE — American Indian, Black, While, etc.							
JESSE V. GARVER  199. INFORMANT'S NAME (Type/Print)  GEORGE S. OBRECHT  200. METHOD OF DISPOSITION BURIAL  1								
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip of GEORGE S. OBRECHT  20a. METHOD OF DISPOSITION BURIAL 1   Buriel 2   Cremation 3   Removel from State 4   Donetion 6   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number (City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number (City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number (City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number (City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number (City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number (City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number (City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number (City or Rown, State, Zip of ADDRESS (Street and Number or Rural Route Number or Rural								
1   Burial 2   Cremetion 3   Removal from Stata   Complete Procession   Complete Process	MD 21776							
NEW WINDSOR, MD  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreshock, or heart failure. List only one cliuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. A cute Cardeo pulma or any and a consequence of:	1   Burlel 2   Cremation 3   Removal from Stata 4   Donation 6   Other (Specify)   The CREEK   The Complete of							
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. A cute Cardeo pulmonary and Due to (or as a consequence of):	LER & SUNS							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST  b.   ACCIDENT CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.	at, Approximata interval Between Onset and Death							
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  The partiers in a condition contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PROINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
PART II. Uthar aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Description	25. WAS CASE REFERRED TO MIDICAL 28. PLACE OF DEATH (Check only one)  EXAMINER?  HOSPIFAL:  OTHER:							
1 Netural 5   Pending	IRED							
3 Suicide 8 Could not be determined  3 Suicide 8 Could not be determined  4 Homicide determined								
29e. CERTIFIER (Check only one)  29m. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the ilme, date and place, end due to the cause(s) and manner as stated one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilme, date and place, and due to the	r Rural Route Number,							
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. D 14 9 9 2	1.							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print)  EPHRAIM BARZAGA UNION BRIDGE RD. NEW WINDSOR, MD  31. DATE FILED (Month, Day, Your)  12. REGISTRAR'S SIGNATURE 1.00 January Janua								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, 8.0. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the definition of a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been upped by the direction provided and completely filled in by the funeral director, page 5 should be detached for use as the burial-bransit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dect. of Heart and Metal. From print cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MAR	RYLAND / DEPARTMENT		MENTAL	HYGIENE	-
	CERTIFICATE	OF DEATH		REG. NO.	

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT	OF H	EALTH DE AT	AND I	MENTAI	L HYGIEN	E	JJ	000
	1. DECEDENT'S NAME (First, Middle, Last)	Marian								OF DEATH			3. TIME OF DEATH
		Mikian	Miller		PARS	ONS		1	NOV.			YEAR	2:50 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH			IPLACE (State or Foreign
	219 34 2866	2866 1 □ M 203 F 95			MONTHS	DAYS	HOURS	MIN.	Oct.	6, 1	897	Mary	land
	9a. FACILITY NAME (If not institution, give s				9b. CITY,	TOWN C	R LOCATIO	ON OF DE		0,	9c. COUN		
OR	Magnolia Hall Nu	sing Cer	iter		C	hest	erto	wn			Ker	nt	
SCT	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	,		100 CIT	V TOURI O	D.L.OOAT	101						
JE C	36 1 1	Control of the contro			10c. CITY, TOWN OR LOCATION Chestertown							10d. INSIDE CITY LIMITS?	
1	10e. STREET AND NUMBER	NUMBER			10f. ZIP CODE						10- 01717	5W 05 W	1 YES XX NO
ER/	RFD Hainesville Road			21620						USA			
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	IED 12 WAS DECEMBENT OF HISPANIC ORIGINA IS					? (Specify Yes	v Yes or No. 14. RACE — American Indian			
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:								Black, White, atc. Specify:					
										ite			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G/	CEDENT'S	vork done o			ng .	16b.	KIND OF BUS	INESS/INDU	STRY	
LE.	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us			_			Farmi	ng		
M	17. FATHER'S NAME (First, Middle, Last)		Don	nesti	c F	arm	Rela						
ö		nomas S.	Parsons				16. MOTH			Middle, Maiden ha Mil	,		
BE	19a. INFORMANT'S NAME (Type/Print)			MAILINO	ADDRESS	/Chart a	nd Mumbau			per, City or Town			
2	The deceased whil	e living	R						216		1, State, Zip t	200e)	
	20a. METHOD OF DISPOSITION BI		20b. PLACE A					110.	DATE		CATION — C	lty or To	wo State
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Cheste	ratory Ce	mete	ry		5,	1992		stert		
	21. SIGNATURE OF FUNERAL SERVICE LIC	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Fellows - Wells Chestertown, Md. 21620												
	23. PART/I. Enter the diseases, or o	complications the	it coused the de	ath. Do n									Approximate
	ahock, or heart fallure.  IMMEDIATE CAUSE (Final	List only one cau	use on each line.						1010 0000				Interval Between Onset and Death
	disease or condition								2460				
	DUE TO (OR AS A CONSEQUENCE OF):								- (NI)				
Z	Sequentially list conditions b.												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	WENCE OF	ን:								
ا <u>ن</u>	CAUSE (Disease or Injury	c	(OR AS A CONSEC										
Ē	that initiated events resulting in death) LAST	DOE 10	OH AS A CONSEC	WENCE OF	·):								
E		d											
AL.	PART II. Other aignificant condition	a contributing to	deeth but not r	aulting i	( )			iven in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
8	Arteriorcher	· hu l	) as un	h	d	110	14		_	1 TES 2	NO		COMPLETION OF CAUSE OF DEATH?
ME										1			1 TYES 2 NO
Ä													
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTAER		ACE OF O	EATH (Ch	ock only on	9)			
X	1 TES 2 NO		ER/Outpatient 3		4 Nurs	ing Home		sidence	6 Other	(Specify)			
흐	Netural 5 Pending	28a. DATE OF (Month, D		26b. TIMI	E'OF URY	28c. INJI WO	RK?	1	26d. DES	CRIBE HOW IP	IJURY OCCL	IRED	
B	2 Accident Investigation	28e PLACE C	F INJURY Al hor	no torm o			ES 2	NO		7101110			
	3 Suicide 6 Could not be determined	building,	atc. (Specify)	na, term, a	meet, secto	лу, отне	1		City o	ATION (Street a or Town, State)	nd Number o	r Rural F	loute Number,
91	29a, CERTIFIER												
COMPLETED	(Check only one)  1   ERTIFYING PHYSI One)  2   MEDICAL EXAMINE	R: On the best of	my knowledge, des	th occurre	d at the th	me, data	and place,	and due	to the cau	se(s) and man	ner es atatec	i.	
	296. SIGNATURE AND TUSE OF CERTIFIER			vas:ryatio	n, m my o	PRINCIN, GO				and place, and			
m 29c.							29c. LICE						(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAU	ME OF DEATH (ITEM	27) (Type	Print)	_	Д-	164	+00		11/	3/9	4
	Wayne D. Benjam					ste	ctowr	. M:	ary1a	and 2	1620		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE					-, -10	/	-114 2	- 020		
OCT 5 '92 Julia Davidson-Randelle							1/8						

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Make Handard Co.

the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician.

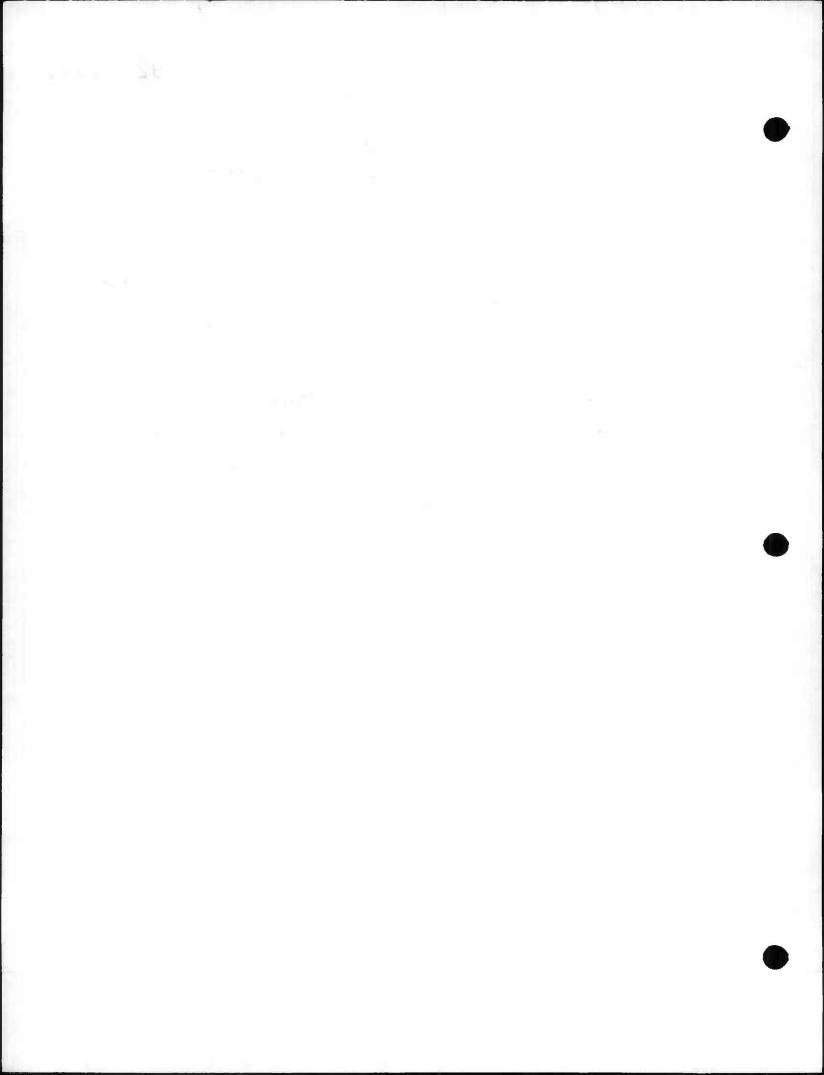
In a stending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should man and Hygiene prior to burial, cremation, or removal.

In any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICANI: The TO THE FUNERAL DIRECTOR: After this certificate in bearing filed within 72 hours after death with the State Do. of He IMPORTANT: It liem 28 is marked, or item 23 into the control of the c

	STATE		D / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
First, Middle, Last)	9	MALONE	Phillips	2. DATE OF DEATH MONTH DAY

	1 - STATE OF MARY REGISTRAR	LAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH				
	Seatwice MALO		hillips	November 10:19					
	014 10 5000		ER 1 YEAR FUNDER 24 HRS.	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
		73 YRS.		7-11-1919	MARYLAND				
(C)	9a. FACILITY NAME (If not institution, give street and number) PENTINSULA REGIONAL MEDICAL (		TY, TOWN OR LOCATION OF E SALISBURY		TY OF DEATH COMICO				
18	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY				
	DELAWARE SUSSEX	DEL	MAR		1 TES ZXXNO				
BA	NO. STREET AND NUMBER  RT #2 BOX 80		107. ZIP CODE 19940		EN OF WHAT COUNTRY?				
FUNERAL	S.A.								
	14. RACE American Indian, Black, White, etc. Specify:								
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR		1 TES 2 XNO Speci	272	WHITE				
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL. (Give kind of work don life. Do NOT use retired.	e during most of working	16b. KIND OF BUSINESS/INDI	JSTRY				
12	Elementary/Secondary (0-12) College (1-4 or 5+)	HOUSEWIF	i .	OWN HOWE	,				
OM	17. FATHER'S NAME (First, Middle, Last)	MOODEWII		OWN HOME  AME (First, Middle, Maiden Surname)	,				
BE C	WILLIAM F. MALONE		ADELE						
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRE		Route Number, City or Town, State, Zip	Code)				
-	DONALD A. PHILLIPS	803 E.	GROVE ST.	DELMAR, DEL.	19940				
	20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
	SPRINGHILL MEM GDNS 11-13 HEBRON, MARYLAND								
	1/2 110 /	0/"		BOUNDS FUN					
	23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	snock, or neart failure. List only one ceuse on	ed the death. Do not ente each line.	or the mode of dying, su	ch as cardiac or respiratory arre	interval Between				
	iMMEDIATE CAUSE (Final disease or condition								
	DUE TO (OR AS A CONSEQUENCE OF):								
Z									
Ę	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):							
길	CAUSE (Disease or injury	A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	,			j				
	DADT II Other significant conditions and that								
CAL	PART ii. Other significant conditions contributing to deeth	but not resulting in the u	underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
0				1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?				
Σ.				—	1 TYES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATN (C	heck only one)					
Sic	HOSPITAL	itpatient 3 DOA 4 N	ER: ursing Nome 5 - Residence	6 Other (Specify)					
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCC	URED				
B	1 Netural 5 Pending 2 Accident Investigation	М	1 YES 2 NO						
B	3 Suicide 6 Could not be determined 28s. PLACE OF INJUR	RY — At home, farm, street, fa lecify)	ctory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,				
9	20a, CERTIFIER			THE STATE OF THE S					
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basic of axaminate								
	20. SIGNATURE AND TITLE OF CENTIFIER								
BE	VI Grebell		29c. LICENSE NU	A 7 4   29d. DATE	SIGNED (Month, Day, Year)				
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	PEATN (ITEM 27) (Type, Print)	1023		11111				
	1 A Cockey M	0 100	Power	. St. Sal	John and				
6	NOV 1 9 1992 Sura Savidon -	HATURE		1	5 (80)				
	NOV 1 2 1992 Julia Davidson-b	1-10-0-			, , ,				



BALTIMORE, MARYLAND 21215-0020	lours after death. Page 6 may be retained by the hospital or attending physician.	scriffications are proposed by a stending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be stated by the first permit.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The new secures that the object control of the control of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After the certifices has been stated by attending physician and completely filled in by the fibe within 72 hours after death with the filled within 72 hours after death with the filled within 72 hours.	IMPORTANT: Il item 28 is marked, or item 23 shorts any fajury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF M	IARYLAN	ID / DEPAI CERTIF			EALTH AND DEATH	MENTA	L HYGIEN REG. NO.	9	2	33610
	1. DECEDENT'S NAME (First, Mic	iddle, Last)							2. DATE	OF DEATH	ıγ	YEAR	3. TIME OF DEATN
	KEITH  4. SOCIAL SECURITY NUMBER	1.		G.				EAR	11	10	) 1	992	8:30 AM
	575-25-5549		SEX	6. AGE (In y	rs. last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH (2007) 8:	3	8. BIRTH Countr	PLACE (State or Foreign
	9a. FACILITY NAME (If not institu		t and number)			9b. CITY, T	O MWO	R LOCATION OF D		150.		NTY OF O	
9	JOHNS HOPK	CINS H	HOSPITA	AL				MODE	ITY				
5	RESIDENCE OF DECED	DENT b. COUNTY			10c. CI	TY, TOWN OR	LOCATI	ON				I	10d. INSIDE CITY
DIRECTOR	MD. A	ANNE A	ARUNDE	L		EVER		T-1					LIMITS?
FUNERAL	10s. STREET AND NUMBER						10f.	ZIP CODE			10g. CIT	ZEN OF W	HAT COUNTRY?
NE.	7912 CITADEL DRIVE 21144 U.S.A												
	11. MARITAL STATUS Never Married 2 Mar		FORCES? 1	YES :	2 VNO	H :	yes, spe	ENDENT OF NISPA	in, Puerto		or No	14. RACE Black	— American Indian, L, White, etc.
ВУ	3 Widowed 4 Divorced	d	IF YES, GIVE W	AR OR DATE	S	1 10	YES	2X NO Speci	ly:			Speci	WHITE
TED	15. DECEOE (Specify only hig	ENT'S EDUCAT	TION mpleted)	16	Give kind of	work done du			16b	KIND OF BUS	SINESS/INC	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	)	College (1-4 or 5 a	)	STUDE	- 11			١,	ELEM.	SCH	OOT	1
OM	17. FATHER'S NAME (First, Middle	le, Last)			STODI	/1V 1		18. MOTHER'S NA			_	TOOL	
ш	CHARLES F	PEVEAR	<u>R</u>					JILL	VINS	SON			
TO B	19a. INFORMANT'S NAME (Type/							d Number or Rurel					Sec. of
	CHARLES and						_	L DR.					
	20s. METHOD OF DISPOSITION  20b. PLACEANDDATE OF OISPOSITION (Name of comment), remainder or other place)  4 Donattop 5 Dother (Specify)  MARDET A CODING MARKET A CODING MARK												
21. SHINAPURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY													
Second C brund BOUNDS FUNERAL HOME, SALISBURY, M													
	23. PÄRT i. Enter the diser shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)	rt failure. Lis	t only one cau	ne on each	n ilna.	wy	na mod	e or aying, suc	n as can	nac or respi	ratory an	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	to			ONSEQUENCE (	•							
MEDICAL O	PART II. Other significant	conditions c	contributing to	death but	not resulting	in the und	erlying	cause given in	Part i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEC										t			OF DEATH?
ä										11786	C/W	٦	
PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER?	Н	IOSPITAL:	HICH NO		OTHER:		ACE OF OEATH (C	neck only or	10)			
HYS	1 X XES 2 NO		28e. DATE OF		ent 3 DOA		e Home	5 Residence		r (Specify) SCRIBE HOW II	N II IDV OC	CHEED	
	1 Ustural 5 Pen	nding	(Month, D	ny. Ybar)	IN .	JURY	WO	RK?					CK BY AUTO
D BY	2 Paccident investigation 17/04/1992/3:300 AX PEDESTRIAN STRU							4444	28f, LOC	ATION (Street o	and Number	or Rural F	Noute Number
W	3 Suicide 6 Cou	uld not be	bullding			0 00	ADI	IAV	RYN	3 Com. Suppl	JAD		OMETACOM D
E	- 0 000	uld not be ermined	building,		PUBLI	C RO	CYTYA	LLZ T	TVI	CLI	ZEDN	N	ARVIAND
PLET	4 Homicide date  29e. CERTIFIER (Check only)	ING PHYSICIA	N: To the best of	my knowled	ge, death occur	red at the Ifm	ie, date	end place, and du	to the car	use(e) end mer	mer as sta	led.	APVI AND
COMPLET	4 Homicide date  29e. CERTIFIER (Check only)	ING PHYSICIA	N: To the best of	my knowled	ge, death occur	red at the Ifm	ie, date	end place, and du	to the car	use(e) end mer	mer as sta	led.	) and manner se stated,
E COMPLET	4 Homicide date  29e. CERTIFIER (Check only one)  2 MEDICAL	ING PHYSICIA	N: To the best of	my knowled	ge, death occur	red at the Ifm	ie, date	and place, and durenth occured at the	time, date	use(e) end mer and place, en	d due to the	led. ne cause(e E SIGNEO	) and manner ee stated. (Month, Day, Year)
BE COMPLET	4 Homicide date  29e. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF	OF CERTIFIER	N: To the best of on the beste of e	my knowledg	ge, death occur nd/or investigati	red at the ifm	ie, date	end place, and due	time, date	use(e) end mer and place, en	d due to the	led. ne cause(e E SIGNEO	) and manner ee stated,
E COMPLET	4 Homicide date  29e. CERTIFIER (Check only one)  2 MEDICAL	OF CERTIFIER	N: To the best of on the beste of e	my knowledge camination en	ge, death occur nd/or investigati	red at the Hm on, in my opi	inlon, de	and place, and durenth occured at the	to the case time, date	use(e) end mer and place, en	d due to the 29d. DAT	e cause(e	) and manner ee stated. (Month, Day, Yeer) 1 / 1.992

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The integrates the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate in been used to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Over or many Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 chows or Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL BECORDS, P.O. BOX 68760,

STATE	0F	MARYLAND	1	<b>DEPARTMENT</b>	OF	HEALTH	AND	MENTAL	<b>HYGIENE</b>	
			CI	ERTIFICATE	0	F DEAT	TH		REG. NO.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF HI		MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O			3. TIME OF DEATH
	Solomon	1	1mer			11	1	3 199	2 6:15 AM M
	4. SOCIAL SECURITY NUMBER 212-07-6130	1 × M 2 - F 80	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	F BIRTH Day, Year)		HIRTHPLACE (State or Foreign Jountry)
TOR	9a. FACILITY NAME (If not institution, give s  Memorial Hospit RESIDENCE OF DECEDENT	9c. COUNTY Ta	of Death 1bot						
DIRECTOR	10a, STATE 10b, SOUNT Mayland Co	roline	Fec	erals	on DVY9				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER R+1 Box /28 The 11. MARITAL STATUS	re Bridges K	oad	6	2163	2		1	SA
BY	1 Never Married 2 Married  3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	<b>₩</b> NO	13. WAS DECE If yes, spe- 1 YES	ENDENT OF HISPAI city Cuben, Mexica 2 NO Specif	in, Puerto Rk	(Specify Yes : can, etc.)		RACE — American Indian, Black, White, etc. Specify: Black
	15. DECEDENT'S EDU (Specify only highest grade	CATION 16d	. DECEDENT'S	USUAL OCCUPATION	N t of working	16b. I	UND OF BUSI	INESS/INDUST	RY
COMPLETED	UNKANWN (0-12)	College (1-4 or 5+)	enen+	1 Brick	Maso	NC	enun:	+1B,	n'ck
BE CO	5 COUGE HENRY	Palmer			LOVE	AME (First, Mic	fani	lev	
5	5 hirly Palmer	Batson	R+1B	ADDRESS (Street and )	Aree Br	House Number	d. Fe	peras	urg, Mcl. 21632
3	20a. METHOD OF DISPOSITION  1	Fed	CE AND DATE O	prosposition (Name of place)	ry	OATE	20c. LOC	ederals	or town, State
	21, SIGNATURE OF FUNERAL SERVICE LIC	6. Hans		Debura	Box 21	arris	Fuera	16, T	19933
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that caused the List only one cause on each	e death. Do n	ot enter the mod	le of dying, suc	h as cardia	or respin	atop/arrest,	Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cardi	0 -	respi	ofa	~ (	an	est	Onset and Death
NO	Sequentially list conditions,	DUE TO JOH AS A COL	NEGUENCE OF	ative	fep.	रेंड			4dly
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	E. DUE TO (OR AS A CO	0						
CERTI	resulting in death) LAST	d							
JICAL	PART II. Other significent condition	s contributing to death but n	not resulting in	n the underlying	cause given in	-	24a. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
: MEDIC						_			OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLA	ICE OF DEATH (Ch	eck only one)			
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatier	nt 3 DOA	OTHER:					
ξ	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c, INJU	RY AT			JURY OCCURE	0
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Mornin, Day, Year)	INJU		IK? ES 2 NO				
8	3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, ferm, st	treet, factory, office		281. LOCAT City or	ION (Street an Town, State)	nd Number or R	ural Route Number,
COMPLET		CIAN: To the best of my knowledge R: On the basis of examination en							use(s) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIES	int (	1	MIDI	29c. LICENSE NUI	MBER 315	,	29d. DATE SIG	INED (Month, Day, Year)
10	Dr. Faunt RYN	O COMPLETED CHUSE OF DENTY	MW)		Pitali	East	fon .	W.	
4	NOV 1 6 1992	12. REGISTBAR'S SIGNATUR Ficha Davidson-R	DE .	1	)				

for use as the burial-transit permit. Pages 1, 2, 3 should

HE HE

2 3

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SANCHEZ

31. DATE FILED (Month, Day, Year) 92

My.

32. REGISTRAR'S SIGNATURE PANDALL

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ned	pno	fled
eta	S	not
8 A	age	9
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age	direc	E I
E.	eral	il m
dea	of fu	0 X
afte	by th	169
DULTS	d in	med
24	fille tion,	the
į	ema	at,
M De	al, ci	5
xecut	buni	atic
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2	is ce	ed,
5	th th	Jark
N O	: Aft	8
E E	afte	28
ID THE HOSPITAL OR ATTENDING PHYSICIAN THE MAY RELEASE THE GEATH CERTIFICATE DE executed within 24 hours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been supped by the attending physician and completely filled in by the funeral director, page 5 should be detached be detached within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.
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9	5 ×	MP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE PEG. NO. 92 336 12 FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Raymond Porter рм Hursey 11 92 8:50 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219-34-3768 1 🕟 M 2 🗌 F Dec. 26,1909 | Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Easton Talbot RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Caroline Greensboro 1X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101 ZIR CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 1 Box 84A 21639 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2' 1 Never Married 2 X Married White В 1 TES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Specify only highest grade compi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 9th Farmer arain 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Roland C. Porter BE Cora E. Hughes Porter 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Porter Rt.1 Box 84A Greensboro. MD 21639 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Burial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) Greensboro Cemetery 11 - 18Greensboro, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleegle-Helfenbein Fn Hm P.O. Bx 160 Greensboro, MD 21639 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. **Approximate** Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ resulting in death) muchal PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury MIN DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO D COMPLETION OF CAUSE 1 YES 2-NO nelac mer 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH /Check only one HOSPITAL: OTHER 1 VES A - WO s 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJUSTY (Month, Day Year) 286. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural ΒY T YES 2 NO 2 Accident 25e. PLACE OF BUILDRY — At home, farm, afreet, fectory, office building, etc. (Specify) 3 Suicide COMPLETED 28F. LOCATION (Street and Number or Rural Route Number, City or Years, State) 6 Could not be 4 | Homicide SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, do BE

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11-17-92

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a may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the state page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remaining the state Dept. or News any Injury, or other traumatic event, the medical examiner must be notified at once.

MORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR	CERTII	FICATE O	F DEATH	REG. NO	).						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
	C. WILKINS POW	ELL, SR				25 92	P M					
		E (In yrs. last birthday		IF UNDER 24 HRS.	7 0 177 00 00001		BIRTHPLACE (State or Foreign					
	220-05-9472 1♀M2□F	78 YRS.	MONTHS DAYS		(Month, Day, Year) Dec. 14,	1913	Maryland					
_	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH					
DIRECTOR	Salisbury Nursing & Rehab. Center SALISBURY, MD. WICOMICO											
H.	10a. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOC				10d. INSIDE CITY LIMITS?					
	Maryland Wicomico		Sa	lisbury			1 YES 2 NO					
FUNERAL	Rt. 8 – Box 264 – Phillip Mo	rris Dri		101. ZIP CODE 21801			S.A.					
3	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIGIN? (Specify Ye	s or No 14.	RACE American Indian.					
BY F	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OR			specify Cuban, Mexico ES 2 X NO Specific	nn, Puerto Rican, etc.) fy:		Black, White, atc. Specify: White					
0	15. DECEDENT'S EDUCATION	16a. DECEDENT	'S USUAL OCCUPA	TION	16b. KIND OF BU	ISINESS/INDUST						
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind o	f work done during use retired.)	most of working								
립	H.S. Graduate 2 Years	Enginee	r & Tech	nician	TV 8	Radio						
8	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maider							
	Clarence A. Powell				a Eva Will							
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	IO ADDRESS (Straw		Route Number, City or Tox		40)					
5	C. Wilkins Powell, Jr. (Son)				ad - Pocomo							
		0b. PLACE AND DAT				OCATION — City						
	1 M Burlei 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)	emetary, cremetory or	other place)	rian Cem.	10/29/ D-1		AL CONTRACTOR OF THE PARTY OF T					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	nobeth	Presovte	AND ADDRESS OF F	do Kei	nobeth,	MD					
	· Robert N. Realeuf		F-1		ons Funeral	L Home						
	Robert H. Bradshaw, Mr.		306	W. Main S	St Cris	ield,	MD 21817					
	23. PART I. Enter the diseases, or complications that cause abook, or heart failure. List only one cause on	ed the death. Do	not enter the n	node of dying, suc	ch as cardiac or reap	lratory arrest.						
	Interval Between Onset and Death  Interval Between Onset and Death  Due To (or As a Consequence or):											
	DOG TO (OR AS	A CONSEQUENCE	OF):									
CERTIFICATION	Sequentially list conditions, b.	A CONSEQUENCE	OF									
A	if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE	or,									
윤	CAUSE (Disease or Injury C.	A CONSEQUENCE	OFI:									
F	resulting in death) LAST		,				İ					
CE	<b>.</b> 6.											
DICAL	PART II. Other algnificent conditions contributing to death	but not resulting	in the underly	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE					
MEC						200	OF DEATH?					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (C/	neck only one)							
Sic	EXAMINER?	rinetient 3 🗆 nos	OTHER:									
¥	27. MANNER OF DEATH 28a. DATE OF INJURY			ome 5 Rasidence	8 U Other (Specify)  28d. DESCRIBE HOW	IN HIEV OCCUP	ED.					
- 1	1 Natural 5 Pending (Month, Day, Year)	28b. Ti		YORK?	200. DESCRIBE HOW	INJURY OCCUR	ED					
E I	2 Accident investigation 3 Suicide 6 Could not be 28e. PLACE OF INJUR	PY — At home term										
TED	3 Suicide 8 Could not be 4 Homicide determined	pecify)	, atreat, lactory, or	ica	281, LOCATION (Street City or Town, State	N. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the best of examinet											
8			non, in my opinion									
8	200. SIGNATURE AND TITLE OF-CENTIMEN			29c. LICENSE NU			GNED (Month, Day, Year)					
2	11/1/1/1/1/			D-29349		▶ 10	/27/92					
- 1	30. NAME AND ADDRESS OF MERSON WHO COMPLETED CAUSE OF D					- 77						
	WILLIAM ROBINS, M.D., 1104 HE		DRIVE,	SALISBURY	, MD. 2180	1						
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIG	NATURE ROM	1 00									
	101 2 34 34 1 /6.6 //	DAME OF A STATE OF	AND A SHIP									

the medical examiner must be notified at once.

A 56/50,	democrated within 2	n and completely burial, crematic mattic event, th
DIVISION OF VITAL RECORDS, P. C. BOX 58/50,	TO THE HOSPITAL OR ATTENDING PHYSICIAN, The Sw. requires that the death certificate Decreasing within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending the property of building the completely if lief after after the state Dect. of Hearth and Mental Experience funds, chemical IMPORTANT: If item 28 is marked, or little 23 shows any injury, organizer to maile event, in
L RECORL	law requires that th	as been signed by the ept. of Health and 23 shows any In-
ALIA LO	PHYSICIAN: The	this certificate has with the State Director, or lines in
SOISING	L OR ATTENDING	DIRECTOR: After hours after death litem 28 is ma
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72 IMPORTANT: If

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENE REG. NO.	E	00014	
	1. DECEDENT'S NAME (First, Middle, Last) Anni	e Rebecc	a	YEAR - 4 1992	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 216-14-9169	5. SEX 8. AGE (	71 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	12-15-20	6. BIRT	THPLACE (State or Foreign intry) Va.	
TOR	9a. FACILITY NAME (If not institution, give s PENINSULA REGION RESIDENCE OF DECEDENT		ENTER	SALIS	BURY	ATH	BC. COUNTY OF WICOM	7.7	
DIRECTOR	10a. STATE 10b. COUNTY	ester		nowhil			10d. INSIDE CITY LIMITS? 1 © YES 2 NO		
FUNERAL		-B Commerc	e St.	101	21863		10g. CITIZEN OF USA	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	Y U.S. ARMED 2	If yes, sp		IC ORIGIN? (Specify Years, Puerto Rican, atc.)	Bio	cc — American Indian, ack, White, atc. acity: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Ille. Do NOT us	vork done durina ma		Centra		chen-School		
SOM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	NE (First, Middle, Maiden S	Surname)		
BE (		John W Pali			Lau:				
2	19a. INFORMANT'S NAME (Type/Print)  Desiree A.	Harmon	19b. MAILING		nd Number or Rural R ennis S	loute Number, City or Town,		Md.21801	
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremetton 3 Rem	20b	PLACE AND DATE O	F DISPOSITION (Na	me of		CATION — City or		
į	4 Donation 5 Other (Specify)		Mt. Wes		DZNEr	11-9-92	Snowhi	11,Md.	
	► Keith E. W	shorton		Whar	ton Fun	eral Home		nac, Va.	
	IMMEDIATE CAUSE (Final	a. $\frac{5e_0 + c_0}{\text{DUE TO (OR AS A)}}$	Sheek consequence of	7):			atory arreat,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST								
AL: CEF	PART II. Other algnificant condition	a contributing to death b	ut not resulting i	n the underlying	j ceuse given in i			16. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA	Carcinona oc	t Largage				PERFORM 1 YES 2		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)			
YSIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp	etient 3 DOA	OTHER: 4 Nursing Hom	5 - Residence	B C Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Phatural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY		M 1 1	RK7 'ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED		
	3 Suicide 6 Could not be determined	26f. LOCATION (Street an City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED		CIAN: To the best of my knowler. On the basis of examination						r(a) and manner as stated.	
TO BE	29h. SIGNATURE AND TITLE OF CERTIFIEF	/II			29c. LICENSE NUM 9306		29d. DATE SIGNE	ED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHI  Jones E. Mar  31. DATE FILED (Month, Day, Year)		145 6		011 51.	, 5a 1:550	1-3 N	10.	
4	NOV 0.9 1992	Julie Daviden							

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Heu ld toward 16:00 R. 92 NO 4. SOCIAL SECURITY NUMBER 7. DATE OF BIFTH (Month, Day, Year 5. SEX 6. AGE (In yrs. less birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign HOURS 59 219-30-0919 1 X M 2 - F YRS. 29 1933 MARYLAND page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR G SUN WATER TOWER RISING SUN CECIL 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CECIL RISING SUN XXYES 2 NO FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE EAT MAIN STREET 21911 USA hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Married 1 TES 2 XNO Specify: BY Specify: WHITE Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple led) Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN WELDER MANUFACTURING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at ERNEST A. REYNOLDS ANNA M. KRATZ BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY R. EAST MAIN MILLER STREET RISING SUN, MD 21911 9 20b. PLACE ANO DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, NOTTINGHAM CEM 11-23-COLORA, MD examiner 21. SIGNATURE OF FUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral R.T. FOARD FUNERAL HOME the MA S OUEEN. RISING SUN. 21911 23. PART I. Erger the diseases, or compilications that a medical used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, completely filled in by Approximate shock, or heart fallure. List only one cause on each line. interval Betwe 6 IMMEDIATE CAUSE (Final Onset and Death the certificate be executed within 24 cremation, disease or condition resulting is death) wound sun event, 1 P.O. BOX 68760, DUE TO (QR AS A CONSEQUENCE OF) inding physician and cor Hygiene prior to burial, traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): inding physician cause. Enter UNDERLYING CAUSE (Disease or Injury or other that initiated events DUE TO (QR AS A CONSEQUENCE OF): resulting in death) LAST ā Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY CORD At pa shows any 1 TES 2 NO 1 TYES 2 DINO RE Deen of has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The In-23 DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hell this certificate h HOSPITAL:
1 | Inputient 2 | ER/Outputient 3 | DOA OTHER: 1 YES ng Home 5 Residence examor (specify) Water lower at RS 9 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 11-19-92 PM 1 YES 2 NO After I BY inflicted 2 Accident
3 Suicide 26a. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify)

Water tower 281. LOCATION (Street and Number or Pural Ploute Number, City or Town, State) Rising Sun Water tower, Rising Sun MD .09 COMPLETED 6 Could not be determined FUNERAL DIRECTOR: within 72 hours after 28 4 Homicide tower TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 21 29a. CERTIFIER (Check only one) 12 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the 296. SIGNATURE AND TITLE-OF CERTIFI 20c. LICENSE NUMBER BE 0 LETED CAUSE OF DEATH (ITEM 27) NOV 24'92 92

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DIVISION OF VITAL RECORDS P.O. 80X 68760, LOR ATENDING PHYSICIAN: The law requires that the death correct to executed within

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the presence and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit he find within 70 hours after death with the State Dert, of Health and Management of burial, cremation, or removal.	IMPORTANT; it item 28 is marked, or item 23 shows any injury, or their traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the topological process and completely filled in by the fune find within 20 hours after death with the State Dept of Hearth and Marie House within 20 hours after death with the State Dept of Hearth and Marie House within 10 burlal, cremation, or removal.	IMPORTANT: It tem 28 is marked, or item 23 shows any inju	

											9	2 3	33616
	1 - FOR STATE REGISTRAR	STATE OF M		DEPAR					MENTAL	HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH DA			. TIME OF DEATH
	LESTER LERG	DY I	RAY						NOVE	mber		YEAR QQQ	12:45 Pm
	4. SOCIAL SECURITY NUMBER 5.	SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH		. BIRTHPL	ACE (State or Foreign
	214-12-1309	(XM 2 □ F	71	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	1	Country)	imana Ma
	9e. FACILITY NAME (If not institution, give street	and number)			9h CITY	TOWN O	R LOCATIO	ON OF DE		7192		BOT L	imore.Md.
œ		and nombory						011 01 01					
161	Union Hospital	Elkton								Cec	TT		
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	R LOCATI	ON					1	Od. INSIDE CITY
\a_{1}	Maryland Ceci:	1		W	arwi	ck						1	YES XX NO
甘	10s. STREET AND NUMBER						ZIP CODE	E	-		10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	Box 3		21912								US	A	
S	11. MARITAL STATUS 15	. WAS DECEDENT					ENDENT C	F HISPAN		(Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
	1 Never Married 2 X Married	FORCES? 1)	YES 2	NO		If yea, spe 1 🔲 YES			in, Puerto Ri v:	cen, etc.)		Specify:	White, etc.
ВУ	3 Widowed 4 Divorced	ww	II				2 8 2 1					V	hite
8	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION noleted)	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	N at of workin	10	16b.	KIND OF BUS	SINESS/INDI		
E I		College (1-4 or 5+	,	Ne kind of Do NOT u				•					
P P	12		P	aint	er				Co	onstr	ucti	on/N	Maintence
COMPLET	17. FATHER'S NAME (First, Middle, Last)									iddle, Maiden	Surname)		
BE (	No Record						Ca	the	rine	Aki	n		
10	19a. INFORMANT'S NAME (Type/Print)		15	D. MAILING	ADDRES	S (Street e	nd Number	or Rural	Route Numbe	or, City or Town	n, Stata, Zip	Code)	
F	Joan Ray			Box	3 Wa	rwi	ck,	Md	. 219	912			
	20e, METHOD OF DISPOSITION  1 Duriel 2 Cremation 3 Remove	I from State	20b. PLACE of cemetary				(Name		DATE	20c. LO	CATION C	ity or Town	n, State
	4 Donation 8 Other (Specify)	i iioiii suite	- Warw				V		11/2	22 Wa	rwic	k, N	id.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE				NAME AN							
	DI 34 Th	11							UTCH:				- 10500
	23. PART I. Enter the diseases, or com	nolleations this	cabsed the d	eeth. Do									De. 19709
	ahock, or heert fallure. Lis	t only one cau	se on such lin	<b>e.</b>							,		Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition				11.								
	resulting in death) e	Squa	MOUS Ca	rein	ompoi	f the	e ri	ght_	lung				6 mos.
		202.00	(0.1.1.0.1.0.1.0.1.0.1.0.1		. ,,								
ERTIFICATION	Sequentially list conditions, b.	DUE TO	(OR AS A CONSE	OUENCE O	OF):			-			1		
ÄT	If any, leading to immediate cause. Enter UNDERLYING												
E	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	EOUENCE (	P):								
F	resulting in death) LAST												
O	DAST II Oak as also Massa as a distant		death bile and	- tal -	1.45	. A Calcala		- t t -	B. 41				
MEDICAL	PART II. Other algolificent conditions									24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
ă	Severe COPD i				-					1 TYES 2	NO DO		COMPLETION OF CAUSE OF DEATH?
M	and was inope	rable d	ue to n	lear '	tota.	re	place	emen	trt				1 TES 2 NO
PHYSICIAN:	lung												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IQSPITAL:			OTHE		ACE OF E	DEATH (C	heck only one	9)			
\SI	1 TYES 2 NO	Inpatient 2	ER/Outpatient	3 🗆 DOA			e 5 □ R	esidence	8 🗆 Other	(Specify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. Ti	ME OF	28c, INJ WO	URY AT		28d. DEŞ	CRIBE HOW	INJURY OCC	URED	
BY	12 Natural 8 Pending 2 Accident Investigation				М	1 🗆 '	YES 2 [	NO					
	3 Suicide 8 Could not be	28e. PLACE O building,	F INJURY — At h	nome, farm,	street, fac	tory, offic	•			ATION (Street or Town, State)		or Rural Ro	ute Number,
COMPLETED	4 Homicide determined												
PE	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of	my knowledge, o	death occur	red at the	time, date	end place	e, end du	e to the cau	se(e) end ma	nner as stat	ed.	
W	one) 2 MEDICAL EXAMINER:												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					77	29c. LIC	ENSE NU	IMBER		29d, DAT	E SIGNED (	Month, Day, Year)
BE		1	*								1		
10	will and /	LOAL JA		MD			D	071	29			11.2	3 02

Cecil-Kent Health Center, Cecilton, Md

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Dr. Wallace 31. DATE FILED (Morith, Day, Year) NOV 23'92

Obenshain, M.D.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Attinities be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Menda Hypiene, after to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	92	33617
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	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH 3. TIME OF DEATH D
	Emma Bell Reese Oct 28 1992 6:45 M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	217-12-4205 1 M 2 XF 94 YRS. MONTHS DAYS HOURS MIN. 3-5-1898 Country No.
~	9a. FACILITY NAME (If not institution, give alreet and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
0	The Kent & Queen Anne's Hospital Inc. Chestertown Kent
EC	10a. STATE 10b. COUNTY 10c. CTY
- DIRECTOR	Md. QUEEN ANNED & hester 10 WW 10 YES 2 KNO
FUNERAL	100. STREET AND NUMBER  (101. ZIP CODE 20 109. CITIZEN OF WHAT COUNTRY? 2 6 20 109. CITIZEN OF WHAT COUNTRY?
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 VES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cyban, Maxican, Puerto Rican, etc.)  14. RACE — American Indian, Black, Whita, atc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)  LEM : College (1-4 or 5+)  LADOR  VARIDUS  VARIDUS
ő	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surnama)
BE (	190. INFORMANT'S NAME (TOPOPTIN)
2	MRS. BERTHANEWMAN R. F. S)# 1 BOT#521 CheSELTOWN MA
	20a. METHOD OF DISPOSITION DEBUTIAL 2 Cremation 3 Removal from State Complex, cremation of the place of the p
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  20.7. CA 10 EX. 7. S. 1.
	Chestertown Ad 21626
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such se cardisc or respiratory arrest, ahock, or haert failure. List only one cause on each line.  Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition
l	resulting in death)
	DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):
S	cause. Enter UNDERLYING
E	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):
ER	resulting in death) LAST
	PART ii. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY FINDINGS
MEDICAL	O Ductal Ca O Seast
밀	(2) So will Design for B. OF DEATH?
_	1 VES 2 NO
N. N.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
SIC	EXAMINER?  1 YES 2 PNO  HOSPITAL:  1 Pinpetient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
BY	1 Natural 5 Pending 2 Accident Investigation (Month, Dey, Year) INJURY WORK? 1 YES 2 NO
	3 Suicide 8 Could not be 289. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, halfdling after (Space)(s).
COMPLETED	4 Homicide determined
<u>- P</u>	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, date end place, and due to the cause(a) and menner as stated.
<u>≥</u>	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
2 11	opinion, death occurred at the time, date and place, and due to the cause(s) and mainter as stated.
S I	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. DATE SIGNED (Month, Day, Year)
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER    All (. When, his).   Dec. LICENSE NUMBER   29d. DATE SIGNED (Morth, Day, Year)
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER    Letter
TO BE CO	

BALTIMORE, MARYLAND 21215-0020

notified at once.

must be

examiner

medical

the

injury, or other traumatic event,

OWS BRY

IMPORTANT. If item 28 is marked COMPLETED BY

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> GEORGE 31. DATE FILED (Month, Day, Year)

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TO THE HIGHWAL OR ATTENDING PHYSICIAN! The law requires that certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	P	25

92 33618 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH P 2. DATE OF DEATH James Irving Ratcliff Jr. Nov 1992 6:40 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 M 2 D F 215-92-5507 30 YRS. 8-12-62 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH The Kent & Queen Anne's Hospital Inc. DIRECTOR Chestertown Kent RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Ingelside 1 TYES 2 TONO 10e. STREET AND NUMBER BY FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 19 BBox 27 21644 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 K Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION

work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY tery/Secondary (0-12) College (1-4 or 5 +) 9 Anne Arundel Co Maintenence Operator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Irving Ratcliff, Sr. BE Gloria Will 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Gloria Greenwood 19 Box 53 Ingleside MD 21644 20a, METNOD OF DISPOSITION
1 M Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Glen Haven Co Donation 6 - Other (Specify) -/14 Glen Burnie, MD Cemetery 21. SIGNATURE OF PUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy Barranco Funeral Home Severna Park, MD21146 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death 13 disease or condition MEDICAL CERTIFICATION

resulting in death)	a. V Mure	endo	my fre	release	des	30 mis
1.2	DUE TO (OR AS A CONSE	EOUENCE OF):				
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):			1	
CAUSE (Disease or injury that initiated events reaulting in death) LAST	d. Hypertiegh	EQUENCE OF):	1 Delated	Carlian	gogathy	7 gr
PART II. Other aignificent condition	a coorributing to deeth but not	reaulting in the u	inderlying cause given l	n Part i. 24a. WAS AN PERFO	RMED?	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		
1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outpetient	OTHE	R: Irsing Home 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b, TIME OF INJURY M	INJURY WORK?		NJURY OCCURED	
3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
	CIAN: To the best of my knowledge, d R: On the basis of examination and/or					nd manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1 Houng	MI	29c. LICENSE NU	979	29d. DATE SIGNED (M	2/92
30. NAME AND ADDRESS OF PERSON WHO		M 27) (Type, Print) KENT	CHEST	ERTOWA	NE'S	HOSP 21620

32. REGISTRAR'S SIGNATURE
Juha Daydoon Windare

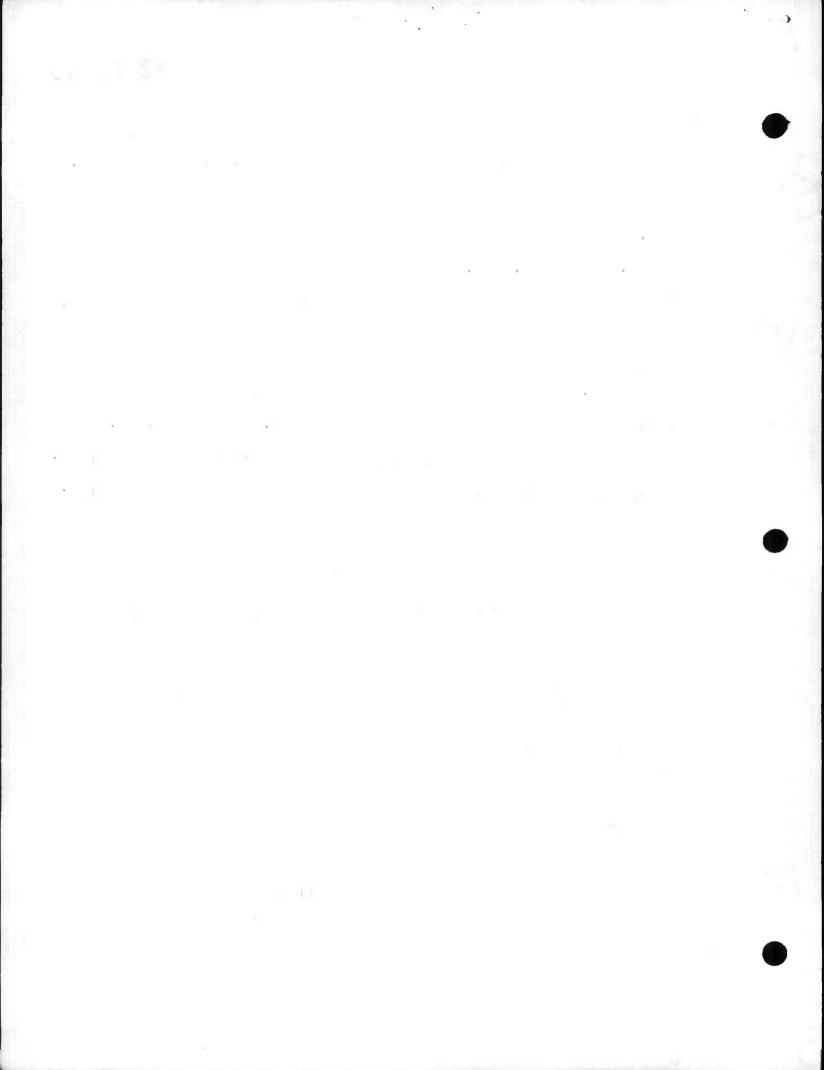
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	FICATE OF DEATH	REG. NO.			
	Jeanette (Janet)	MONTH	OF DEATH DAY YEAR 3. TIME OF DEATH M			
	4. SOCIAL SECURITY NUMBER 216-18-8926  5. SEX 1	F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE (	DF BIRTH DPW: Year)  8. BIRTHPLACE (State or Foreign Country)  Md.			
TOR	PENINSULA REGIONAL MEDICAL CENTER  RESIDENCE OF DECEDENT	9b. CITY, TOWN OR LOCATION OF DEATH SALISBURY	9c. COUNTY OF DEATH WICOMICO			
DIRECTOR	Md. Worcester 10c.	Snowhill	10d. INSIDE CITY LIMITS?  1 Jyes 2 No			
FUNERAL	301 S. Church St. Apt. 110	101. ZIP CODE 21863	109. CITIZEN OF WHAT COUNTRY? USA			
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN If yea, specify Cuban, Maxican, Puerto R 1  YES 2  Specify:				
LETED	(Specify only highest grade completed) (Give kind life. Do NO	S USUAL OCCUPATION If work done during most of working use retind.)  actory	RIND OF BUSINESS/INDUSTRY Poultry			
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Harry P. Rowley	18. MOTHER'S NAME (First, NOTA COLA CO	fiddle, Maiden Surname)			
TO BE	Faye Rowley 671	NG ADDRESS (Street and Number of Rural Route Numb 2 Parkwood St. I	er, City or Town, State, Zip Code) Jandover, Md. 20785			
	20a. METHOD OF DISPOSITION  1	on				
	· Keith E. whaten		Home-Accomac, Va.			
	23. PART I. Enter the diseases, or complications that caused the death. D shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR ASIA CONSEQUENCE	oway Arrest	lec or respiratory arrest, Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  UNDERLYING  C.  OUE TO (OR AS A CONSEQUENCE OF):  d.					
MEDICAL	PART II. Other significant conditions contributing to death but not resulting to death but not resulti	hbroars	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	26. PLACE OF OEATH (Check only one OTHER: 4   Nursing Home 5   Residence 6   Other				
ВУ РН	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	M 1 YES 2 NO	CRIBE HOW INJURY OCCURED			
ETED	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 29a. CERTIFIER	City o	ATION (Street and Number or Rural Route Number, r Town, State)			
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investig	tion, in my opinion, death occured at the time, date	and place, and due to the cause(s) and manner se stated.			
TO BE	30. NAME, AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	29c, LICENSE NUMBER  A 19437	29d. DATE SIGNED (MONTH, Day, Year)			
	Julied Dan 508	5. DIVLIN It	Sousigns 2180)			
10	NOV 18 1992 Julie Sandem Randar		1			



0000	be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
BALTIMORE, MARYLAND 21215-0020	attending	
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	ASI	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		NTAL HYGIEN REG. NO.	E			
	- 1	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI		2.	DATE OF DEATH			TIME OF DEATH	н
		FRED	н.		ROWE	1	1 2.1		92 1	1:07	AM
D		4. SOCIAL SECURITY NUMBER 226-34-2910	5. SEX 6. AGE (	(In yrs. last birthday) 61 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7.	Month, Day, Harl Une 7, 19:	31	Country).	rginia	reign
1	1	Se. FACILITY NAME (If not institution, give s	,		1	OR LOCATION OF DEATH		9c. COUNT			
(P	сто	531 S. ANN ST.	•		BALT.	IMORE					
V	DIREC	10a. STATE 10b. COUNTY	1	10c. Cf	TY, TOWN OR LOCA	TION			10	d. INSIDE CITY	
1		Virginia		Po	rtsmouth				1	YES 2	NO
n. ansit per	IERAL	623 Florida Ave.				23707			S.A.	T COUNTRY?	
020 physician. burial-transit	FUN	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II	N U.S. ARMED		ENDENT OF HISPANIC O		or No- 1/	4. RACE — Black, W	American Indiar	in,
the pu	B	3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR ON DO KOT	rean Con	1 TYES	2 NO Specify:	, , , , , , , , , , , , , , , , , , , ,		Specify:	White	
21215-0020 al or attending physic for use as the burial	윤	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	S USUAL OCCUPATION work done during me	ON set of working	166. KIND OF BUS	SINESS/INDU		MILLEC	
O 21	COMPLET	Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	life. Do NOT u	use retired.)		Morris				
AND the hospital detached for	OM	17. FATHER'S NAME (First, Middle, Last)		Theate	r Manage	18. MOTHER'S NAME (	Movie	Sumamal			
YL,	ш	Hubert A. Rowe					ae Scott	ournario			
MARYLAND retained by the hospita 5 should be detached notified at once.	5 8	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Route					
		Brenda Lee Rowe		_ ^ .		n Ave. Por					
S man		20s. METHOD OF DISPOSITION  1	oval from State Cen	netery crematory or	OF DISPOSITION (Na other place)	ium, Norfoli	11/24	cation — ch		State	
_ 0 _ =		21. SIGNATURE OF FUNERAL SERVICE LIC		JIOIII I		NO ADDRESS OF FACILITY	Υ			1 7 ***	
88 - 2 6		Brian 8	· forter		192	6 High St.	B.W. For		_		ne
in by remo		23. PART I. Enter the diseases, or of shock, or heert failure.	complications that caused List only one cause on e	d the deeth. Do	not anter the mo	de of dying, such as	cardiac or respi	ratory arres	st,	Approximat	
2 € io e	1 1	IMMEDIATE CAUSE (Final disease or condition	1010.0							Onset and	
d within 24 ompletely fille cremation, event, the		resulting in death)	DUE TO (OR AS A	CONSEDUENCE	of:	50 horos	mos D	USOD.	74		
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OX 68  be execute sician and c rior to buris traumatic	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A	CONSEDUENCE	OF):						
e se se a	FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE C	OF):					-	
S, P.O. death certifi attending p ental Hygien ry, or other	ERTIFIC	resulting in death) LAST	d								
the death the attent Mental H		PART II. Other algnificant condition	a contributing to death b	out not resulting	in the underlyin	o cause given in Pari	i. 24a. WAS AN	ALITOPSY	24h W	RE AUTOPSY FIN	NDINGS
that the had by he and by	MEDICAL				,		PERFOR	RMED?	AMI	MPLETION OF CA	то
TECO requires the n signed Health	MED						75.00		100	DEATH?	ID O
A V	Ü						Moux	91			
	5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL:		OTHER.	LACE OF DEATH (Check of					
13 The 22 W	PH	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. Til	WE OF 28c. IN.	Ne 5 A Residence 6 URY AT 286	Other (Specify)  I. DESCRIBE HOW II	NJURY OCCU	RED		
NG PHYSIC PROPERTY OF THE BEST WITH WITH BEST WITH WITH BEST WITH BUT WITH BEST WITH B	ВУР	1 Detural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN		PRK? YES 2 NO					
TTEND TTEND TO THE A sther		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE DF INJURY building, etc. (Spec	f — At home, farm, cify)	street, factory, offic	281	LOCATION (Street e City or Town, State)		Rural Route	a Number,	
7 72 -	COMPLETED		CIAN: To the best of my know R: On the bests of examination							id manner ee ati	ated.
TO THE HOSPITA TO THE FUNERA De filed within 7	BE C	291 SIGNATURE AND TITLE OF CERTIFIER	10 .			29c. LICENSE NUMBER				onth, Day, Year)	
2 2 3 W	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (5-	a Print)	O.C.M.E		11-	22-1	L992	
		YDOGDONTO D. K		111 Pe	enn Str	eet, Balt	imore,	Mary	land	212	201

111 Penr 1 1992 32. REGISTRAN SHIGHATURE 2 January Auroldson Rondow

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN TO INCOME THE INCOME OF THE INCOME. THE MOSPITAL OR ATTENDING PHYSICIAN TO INCOME THE INCOME.	TO THE FUNERAL DIRECTOR: After this centrement to be presented by the attending physician and completely filled in by the funeral director, page 5 should be detached by filled within 72 hours after death with the State Desire detailed to the filled within 72 hours after death with the State Desire desired to the filled within 72 hours after death with the State Desired desired to the filled within 72 hours after death with the State Desired desired to the filled desired to the filled death of the filled death within 72 hours after death with the State Desired death of the filled	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIV	TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECT De filed within 72 hours	IMPORTANT: If Item 2

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIE	VE.
	CE	ERTIFICATE	OF DEAT	ГН		REG NO	3

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			IENTAL HYGIEN		2 33621	
	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	ANTHONY	S. SPADARO				Nov	8,199	2 6:40 p m	
		1.00		IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BURE		BIRTHPLACE (State or Foreign Country)	
		1 X M 2 □ F 6	8 YRS.		HOURS BIN.	Oct 27,1	924	PA	
00	Se. FACILITY NAME (If not institution, give stre		1		R LOCATION OF DEA	TH	9c. COUNTY		
DIRECTOR	Union Hospital	of Cecil	County	Elkt	on			Cecil	
JEC.	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	MD	Cecil		Earlev:	ille			1 NES 2 NO	
MAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	82 Locust & Wa				21919		U	SA	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDEHT OF HISPANI ecity Cuban, Mexicon	C ORIGIN? (Specify Yee, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES 11		2 HO Specify:			Specify: White	
9	15. DECEOEHT'S EDUCA	TION	16a. DECEDENT'S U	SUAL OCCUPATION	DH .	16b. KIND OF BUS	SINESS/IHDUS		
F.	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo: retired.)	st of working				
MP.	9		Machine	e Oper	ator	Scott	Pape	r	
COMPLETED	17. FATHER'S HAME (First, Middle, Last)					E (First, Middle, Melden	Sumeme)		
BE	unknown					iumaira			
2	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING A	DORESS (Street or	nd Number or Rural Ro	oute Number, City or Town	ri, State, Zip Coo	21919	
	Doris Emma Space		82 Loc	cust &	Walnut	Corner,	Earle	ville,MD	
	1 Burlal 2 Cremetion 3 Remov	si from State cem	PLACE AND DATE OF etery, crematory or other	DISPOSITION (No.	me of	0ATE 20c. LO	CATION — City	or Town, State	
	21. SIGNATURE OF FUNESIAL SERVICE LIGHT	HSEE /	Capitor	22. HAME AN	D ADDRESS OF FACE	10 / 9 Mnov	er, D	E 19901	
	1 1 1	11					e. P.	Α.	
_	July 1	harf		226	E. Main	eral Hom StCec	iĺton	MD 21913	
i	23. PART I. Enter the diseases or co shock, or heart fellure. I IMMEDIATE CAUSE (Finel	at only one cause on e	och line.					Approximate Interval Between Onset and Death	
	disease or condition a. Masseve Corphovascular Accident Days								
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Į.	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Dialie	ter / 8	nobein	111	e.		Years	
E	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF		1				
CERTIFICATION	d.								
AL C	PART ii. Other aignificent conditions	contributing to death be	ut not reaulting in	the underlying	ceuse given in P	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS	
						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME!								OF DEATH?	
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PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	k only one)			
YSE	the state of the s	inpetient 2 ER/Outp		OTHER:      Nursing Home	5 - Residence 6	☐ Other (Specify)			
F	27. MANHER OF DEATH  1 Netural 5 Pending	28e. DATE OF IHJURY (Month, Dey, Year)	26b. TiME (			284. DESCRIBE HOW II	NJURY OCCUR	ED	
В	2 Accident Investigation				ES 2 NO				
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stri	eet, fectory, office		261. LOCATION (Street e City or Town, Stete)	nd Number or F	Rural Route Number,	
COMPLET	29e. CERTIFIER (Check only	AN: To the best of my knowl-	edge, death occurred	at the time, date	end place, and due to	o the cause(s) and man	Dar as stated		
N N								use(s) end menner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE HUME			GHEO (Mgrith, Day, Year)	
) BE	Ment	tho			\$ 30	291	<b>&gt;</b> //	19/92	
2	20. HAME AND ADDRESS OF PERSON WHO	//						7.7.7.	
	Robert-Denitzio		ent Heal	tn Ctr	. Cecil	ton, MD	219	913	
	31. DATE FILED (ADITY 192) 192	32. REGISTIAN'S SIGNA	ridson-Rando	100					

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P.A. cilton,MD 219'

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permit. Pages 1, 2, 3 should 24 hours after death. Page 6 may be retained by the hospital or attending physician. The death certificate be executed within

BALTIMORE, MARYLAND 21215-0020

DS, P.O. BOX 68760,

DIVISION OF VITAL OR ATTENDING PHYSICIAN: The TO THE HOSPITAL OR ATTER TO THE FLINERAL DIRECTION DE SIEC WITHIN 72 HOURS WITH IMPORTANT: If Item 28

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92 33622 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 11-8-92 3. TIME OF DEATH SADIE F. SHORES 10:10 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (Store or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 3 - 2 7 1 1908 220-10-9836 84 MONTHS DAYS HOURS MIN. 1 M 2 X F YRS. 9e. FACILITY NAME (If not institution, give atreet end number)

At Home Rt2 Bo2
Naylor 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 234 MIII Box DIRECTOR Salisbury Wicomico Road RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Wicomico Maryland Salisbury TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt 2 Box 234 Naylor Mill Road 21801 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White BY 3X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Home Maker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ira B. Downes Anna Mae Carey BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rt 2 Box 234, Salisbury, Maryland 21801 William S. Shores, Jr. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 1 M Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) OATE 20c. LOCATION — City or Town, State WICOMICO Mem. Park Ceml1/11 Salisbury, Md. Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00 - 417ornelus Messick Funeral Home, P.O. Box 61 Bivalve, Maryland 21814 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximats shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Panerer tic Capen resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Nesidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BΥ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 3 Suicide 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide determined

29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(a) end manner as stated. 286. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) / 0 5

Evangelista u.L. Mi 31. DATE FILED (Month, Day, Year) NOV 1 0 1992

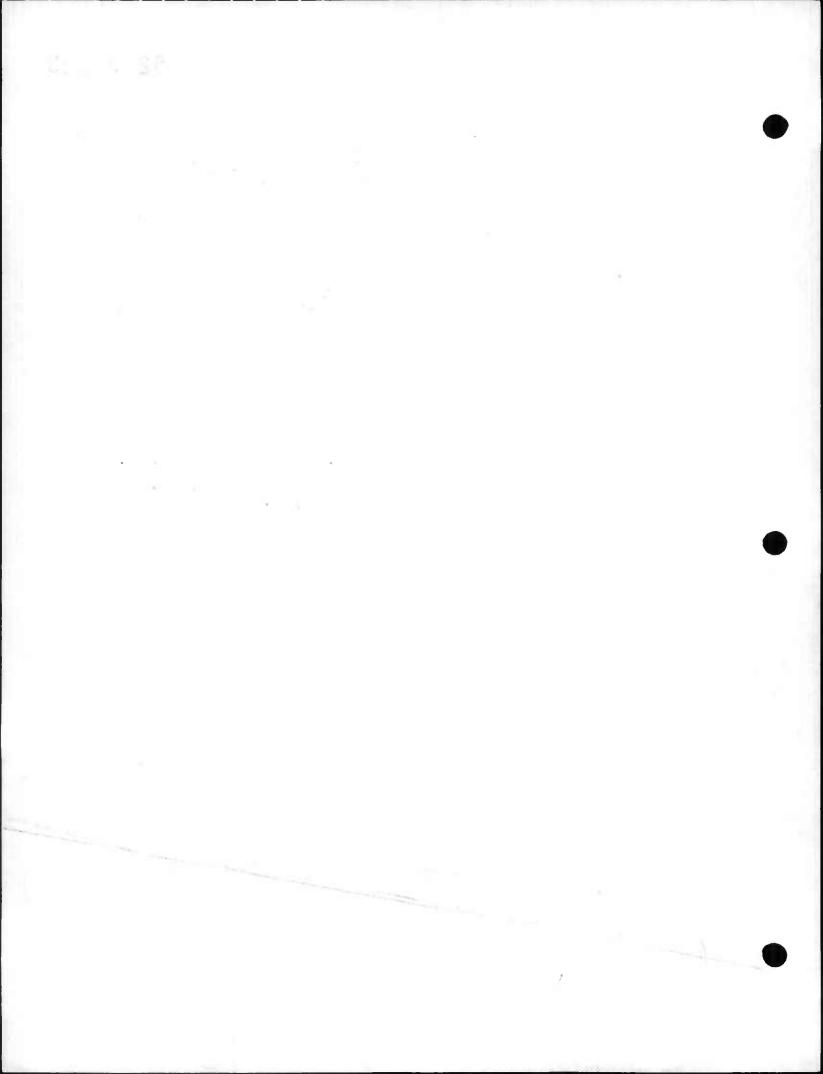
Julia Day Cson-Handell

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DIVISION OF VITAL RECORDS, V.O. BOX 68/60,	ž	8	8
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The memory of the property of the control within 24 hours after or	TO THE FUNERAL DIRECTOR: After this certificate has been solved by Terranging physician and completely filled in by the	be filed within 72 hours after death with the State Decl. of Herithweet Metric Hydene prior to burial, cremation, or removal.

								92	33623
		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HEA		MENTAL HYGIEN	E	
		1. DECEDENT'S NAME (First, Middle, Lest)	LIFTON A.	C	OCKLEY		2. DATE OF DEATH WONTH S DA	1998	S. TIME OF DEATH
1		217-07-2857	1 X M 2 🗆 F	In yrs. lest birthdey)  3 yrs.		UNDER 24 HRS. URB MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 5, 19		BIRTHPLACE (State or Foreign Country) NOWHILL
	OR OR	9a. FACILITY NAME (If not institution, give stre PENINSULA REGIONA	,	ENTER	SALISE		ATH	9c. COUNTY	OF DEATH
	DIRECTOR	10a. STATE 10b. COUNTY  MARYLAND WORC	ESTER		Y, TOWN OR LOCATION ARSONSBURG				10d, INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	10e. STREET AND NUMBER			10f. ZIP	CODE			OF WHAT COUNTRY?
	NS I		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECEND		IC ORIGIN? (Specify Yes	US or No.— 14.	RACE — American Indian, Black, White, etc.
	B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify 1   YES 2	Cuben, Mexican NO Specify:	i, Puerto Riceri, etc.)		Specify: RO-AMERICAN
	ETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)		USUAL OCCUPATION work done during most of	working	18b. KIND OF BUS		
	COMPLE	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	LABORI			DOMESTI	CS-HAT	CHERY-FAMILY
= 1	_	17. FATHER'S NAME (First, Middle, Last)	CVLEV		18.		ME (First, Middle, Maiden	Surname)	
fled	B	ALFRED SHO	UKLEY	19b. MAILING	ADDRESS (Street and N		IE HARMON  Outle Number, City or Town	n, State, Zip Co	de)
se not	٩	MILDRED SCHOCKLEY		_	RESS SAME		VE		
must .		29a METHOD OF DISPOSITION 1 (X Burlal 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State	PLACE AND DATE OF	DE DISPOSITION (Name of UM CH. C	EMETER'	Y11-14 WHI	TON, M	or Town, State
examine		21. SIGNATURE OF FUNERAL SERVICE JOE SALISBURY, MD. 21801  22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL CHAPEL, RTE. 2, BOX 920 SALISBURY, MD. 21801							
event, the medical examiner must		23. PART I. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Rupture	ich line.	Tuac Ar	of dying, such			interval Between
, or other traumatic event,	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF					
175	AL C	PART ii. Other significant conditions	contributing to death be	ut not resulting	in the underlying ca	use given in i	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	: MEDICAL	- Coranay B - Bulateral I	rqual -	Hemi	9		1 _ YES 2	□ NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
or item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE	OF DEATH (Che	ck only one)		
or ite	A ST	1 - YES 2 - NO	HOSPITAL:		OTHER: 4 Nursing Home 5	☐ Residence (	B ☐ Other (Specify)		
<b>CI</b>	ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1 YES		284, DESCRIBE HOW II	NJURY OCCUR	ED
28 ls	EIED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, factory, office		261. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
	COMPL		AN: To the best of my knowledge. On the basis of examination						suse(s) and manner es stated.
IMPORT	10 BE	29b. SIGNATURE AND TITLE OF CERTIFIER	uu.	RD		D237		29d. DATE SH	SNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  145 E CARROLL ST. SALLS BURY MI							

32 REGISTRAR'S SIGNATURE Line Davidson-Randall

NOV 1 3 1992



BALTIMORE, MARYLAND 21215-0020	If hours after death, Page 6 may be retained by the hospital or attending physician.	s certificate has been signed with the properties and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Member In the State Dept.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the median detection of the control of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed in the properties and completely filled in by the label he filed within 72 hours after death with the State Dept. of Health	IMPORTANT: If Item 28 is marked, or Item 23 shows any investmentalic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE 92	33624				
	1. DECEDENT'S NAME (First, Middle, Last)			THE OF BEATT	2. DATE OF DEATH	3. TIME OF DEATH				
	CHARLES SULLIVAN				11 19 199	2 1:15 A M				
				F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
	0.0.0000	1 X M 2 □ F 7	O YRS.	= 3 100 125 8	May 10, 1922	Maryland				
oc l	9e. FACILITY NAME (If not institution, give street			b. CITY, TOWN OR LOCATION OF D	The state of the s	TY OF DEATH				
<u>5</u>	Veterans Admin. M	eacai cent	er	Perry Point		ecil				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY				
		timore	R	eisterstown		LIMITS?				
3AL	10s. STREET AND NUMBER			101, ZIP CODE		EN OF WHAT COUNTRY?				
FUNERAL	225 Homevale Ro			21136		USA				
	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	U.S. ARMED	If yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Yes or No en, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.				
B	3 Widowed 4 Divorced	1942 - 194		1 TYES 2 NO Speci	ly:	Specify: White				
ED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION	16a. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUSINESS/INDU					
COMPLETED		College (1-4 or 5+)	We. Do NOT use							
MP		1	Compute	r Programmer	U.S. Govt.					
	17. FATHER'S NAME (First, Middle, Last) Alfred Sullivan				AME (First, Middle, Maiden Surname)					
BE	19a. INFORMANT'S NAME (Type/Print)				ude Spies					
유	Letha P. Sullivan				Route Number, City or Town, State, Zip					
	204, METHOD OF DISPOSITION	200	DI ACE AND DATE OF	DISPOSITION /Name of	Reisterstown, Md	thu an Town Cana				
	1 💢 Buriel 2 🗆 Cremation 3 🗆 Remove 4 🗆 Donation 5 🗀 Other (Specify)	al from State	relery, crerpatory or othe	Momorial Park	11-21 Sykesvi	PPO Md				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISER	tice vices i	22. NAME AND ADDRESS OF F	KULTY					
	+ C. Buan	Youll		Eline Funeral	11824 Reist 2 Home Reisters					
	23. PART I. Enter the diseases, or cor	mplicationa that caused	f tha death. Do not	anter the mode of dying, su	ch es cerdiac or respiratory arre	at, Approximate				
	ahock, or haart fallura. Lis IMMEDIATE CAUSE (Final	st only ona cause on a	ach line.			intarval Between Onset and Death				
	resulting in death)  a. ALZHEIMERS DISEASE									
	DUE TO (OR AS A CONSEQUENCE OF):									
NO N	Sequentially list conditions,  Seizure Disorder  DUE TO (OR AS A CONSEQUENCE OF):									
ΙĒΙ	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS SM AUTOPSY 24b. WERE AUTOPSY FINDINGS									
S					PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC					1 🗹 YES 2 🗆 NO	OF DEATH?				
						T TES 2 HD				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PLACE OF DEATH (C	heck only one)					
Sic		Inpetient 2 ER/Outp		THER:  Nursing Home 5 Residence	8 Other (Specify)					
			28b. TIME (		28d. DESCRIBE HOW INJURY OCC	JRED				
PHYSICIAN:	27. MANNEY OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	INJUR	Y WORK?						
ВУ РНУ		(Month, Day, Year)	INJUF	WORK?  M 1 YES 2 NO						
	27. MANNER OF DEATH  1 Neturel 5 Pending		— At home, ferm, atre	WORK?  M 1 YES 2 NO	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,				
ED BY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atre	WORK?  M 1 YES 2 NO  net, fectory, office	City or Town, State)					
ED BY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atri	WORK?  1 YES 2 NO  net, fectory, office  at the time, data end place, end du	City or Town, State) to the cause(s) and manner as state	d.				
COMPLETED BY	27. MANNER OF DEATH  1  Netural	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atri	M 1 YES 2 NO  ret, fectory, office  at the time, data end place, end du  In my opinion, death occured at the	city or Town, State) to the cause(s) and manner as state time, data and place, and due to the	d. cause(e) and manner ee stated.				
BE COMPLETED BY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIA	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atri	WORK?  1 YES 2 NO  ret, fectory, office  at the time, data end place, end du  In my opinion, death occured at the	city or Town, State) s to the cause(s) and manner as states time, data and place, and due to the	d.				
E COMPLETED BY	27. MANNER OF DEATH  1  Netural	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, strending, and the strending of the stre	WORK?  1 YES 2 NO  ret, fectory, office  at the time, data end place, end du  In my opinion, death occured at the  29c. LICENSE NU  ALL  D	city or Town, State) s to the cause(s) and manner as states time, data and place, and due to the	d. cause(e) and manner ee stated.				
BE COMPLETED BY	27. MANNER OF DEATH  1  Netural 5  Pending 2  Accident 3  Suicide 6  Could not be determined  29e. CERTIFIER (Check only one) 2  MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	28e. PLACE OF INJURY building, etc. (Specials).  AN: To the best of my know.  On the basis of examination.  COMPLETED CAUSE OF DE	INJUE  At home, ferm, straining the straining that	WORK?  1 YES 2 NO  Notet, fectory, office  at the time, data end place, end du  In my opinion, death occured at the  29c. LICENSE NU  Att. D.	city or Town, State) s to the cause(s) and manner as states time, data and place, and due to the	d. cause(e) and manner ee stated.				
BE COMPLETED BY	27. MANNER OF DEATH  1  Netural	28e. PLACE OF INJURY building, etc. (Specials).  AN: To the best of my know.  On the basis of examination.  COMPLETED CAUSE OF DE	INJUE  At home, ferm, streetly)  Independent occurred on end/or investigation,  ATH (ITEM 27) (Type, Property of the property	WORK?  1 YES 2 NO  Notet, fectory, office  at the time, data end place, end du  In my opinion, death occured at the  29c. LICENSE NU  Att. D.	city or Town, State) s to the cause(s) and manner as states time, data and place, and due to the	d. cause(e) and manner ee stated.				

or proming physician.	in the the burial-transit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OH ALLENDING PHYSICIAN: The law requires that the death certained by executed within 24 hours and death. Page 6 may be retained or the same statement of the control of the same statement of the same state	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should in the second in the funeral director, page 5 should in the second in the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF MAR	YLAND / DEPAR	RTMENT OF I	REALTH AND I	MENTAL HYGIEN	E E	00020		
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) Mervir		Glenn Smith			2. DATE OF DEATH OAY 11 15 92 5:15 p				
	4. SOCIÁL SECURITY NUMBER 213-14-4523	1 XM 2 - F	GE (In yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mointh, Day, Year) NOV. 16,		BIRTHPLACE (State or Foreign Country) Maryland		
OR	99. FACILITY NAME (If not institution, give et P.O. Box		96. CITY, TOWN OR LOCATION OF DEA		EATH					
DIRECTOR		RESIDENCE OF DECEDENT			TION			10d. INSIDE CITY		
	MD Card	oline	G	Goldsboro			10g. CITIZEN OF WHAT COUN			
ERA	P.O. Box 147				21636		USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIYE WAR C	ES 2 NO	If yes, s	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life, Do NOT u		ON ost of working	16b. KIND OF BU				
MP	graduate  17. FATHER'S NAME (First, Middle, Last)		mail c	arrier		US POS		rvice		
					12,5470 (10 a 0 )	lay Walls S	-1			
BE	Norman Smith  190. INFORMANT'S NAME (Type/Print)				and Number or Aural	Route Number, City or Tow	n, State, Zip Co	de)		
2	Ruth Anna Smith		P.O.	Box 147	Goldsbo	ro, MD 216	36			
	20s. METHOD OF DISPOSITION 1-A Burlel 2 Cremelion 3 Rem 4 Donetion 5 Other (Specify)	20b. PLACE AND DATE OF DISPOSITION (Name.			DATE 20c. LOCATION — City or Town, State 11-19 Greensboro, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Fleegle-Helfenbein Fn Hm. P. O.  Greensboro, Maryland 21639							). Bx 160		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or hasn't failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  Chungho									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINALABLE PRIOR COMPLETION OF C									
AN	25. WAS CASE REFERRED TO MEDICAL			26. 1	LACE OF DEATH (C/	heck only one)				
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 I ER	/Outpetient 3 DOA	OTHER:	me 5 KResidence	6 Other (Specify)				
F	27. MANNER OF DEATH	28e. DATE OF INJI (Month, Day, Y		IJURY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED		
В	1 Netural 5 Pending 2 Accident Investigation		JURY — At home, farm,		YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	ce	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated.									
BE	29b. SIGNATURE AND THEE OF CERTIFIE				Defiss NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
70	30. NAME AND ADDRESS OF PERSON WH	509 Idle	wild Ave.	Easton	MD 216	01	<i>'</i>			
	Dr. D. Smith 509 Idlewild Ave. Easton, MD 21601  31. DATE FILED (Month, Day, 1947)  NOV 23 92  Junia Davidson—Randelle.									

isit permit. Pages 1, 2, 3 should

7 6 9 6 0

31. DATE FILED (Month, Days) 1942

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
7696 Ocean Gateway, Easton, Md. 21601

32 REGISTRAP'S SIGNATURE SUNA DAY OSON-Randalds

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be related by the law that it is a transition physician.	4 hours after death. Page 6 may be retailed by me hours after death, or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 that has not been signed by the burial-transpace for the burial transpace, or removal.	illed in by the funeral director, page, 5 showns common for use as the burial-tran n, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be hotified at once.	e medical examiner must be notified at once.

							92	33626	
	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	IE		
9	1. DECEDENT'S NAME (First, Middle, Lest)  Raymond	Levi	Saunder	rs		2. DATE OF DEATH	92°	3. TIME OF DEATH 5:45 A M	
	220 20 0441	sex 6. AGE (In		IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/18/2		BIRTHPLACE (State or Foreign Country) aryland	
OR	9a. FACILITY NAME (If not institution, give stree Memorial Hospit			Eastor	PR LOCATION OF DE	EATH	9c. COUNTY Tall	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Maryland  Carol	line		town on Locatederals				10d, INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL	100. STREET AND NUMBER Route 3, Box 16				. ZIP CODE	1632		OF WHAT COUNTRY?	
BE COMPLETED BY FUNE	11. MARITAL STATUS  1 Never Married 2XXMarried  3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 TO NO	If yes, spi	ENDENT OF HISPAN ecity Cuben, Mexica 25 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:White	
	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	a. DECEDENT'S USUAL OCCUPATION (Tolive kind of work done during most of working life. Do NOT use retired.) Ear Dealership  Chevrolet Agency					
	17. FATHER'S NAME (First, Middle, Lest)	aymond San	ders		18. MOTHER'S NAI	ME (First, Middle, Meider ence Cou	lbourn	ie	
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Bonnie J.	Saunders	Rt. 3	DDRESS (Street a	160, F	Poute Number, City or Tow ederalsb	urg, M	MD 21632	
	20a. METHOD OF DISPOSITION  1   Removal from State  20b. PLACE AND DATE OF DISPOSITION   Name of cametery, crematory or other place)  4   Donatton 8   Other (Specify)   Tunior Order Cemetery   24   Preston, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE.  22. NAME ANO ADDRESS OF FACILITY Framptom—Hawkins—Eskow Funeral Hopo Box 43, Federalsburg, MD 2163								
	23. PART I. Enter the diseases, or consider, or heart failure. Lis  IMMEDIATE CAUSE (Final disease or condition resulting in death)	it only one cause on eac	h iine.					Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST    Consider the condition of the condi								
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions of Disabetic ren sero and i	contributing to death but al dise	not resulting in	the underlying	cause given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1						Billed	Nursing Facility	
BY PH	27. MANNER OF DEATH  1 Whatural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	28d. INJURY AT WORK?  M 1 YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF INJURY building, etc. (Specify	Al home, farm, str	eet, fectory, office		28f. LOCATION (Street City or Town, State		lural Route Number,	
COMPLETED		IN: To the bast of my knowled On the basis of examination a						use(a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER ROBERT W. TO	rever. r			29c. LICENSE NUM			ONED (Month, Day, Year) -23-92	

## cate the executed within 29 filture after death. Page 6 may be retained by the hospital or attending physician. Application and competitive filled in by the funeral director, page 5 should be detacted for use as the burish-transit permit. Pages 1, 2, 3 should be prior to burish, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 O. BOX 13146,

DIVISION OF VITAL RECORDS.

TO THE HOSPITAL OR ATTENDINS PHYSICIAN: The law requires the TO THE RUNERAL DIRECTOR. After this certificate has been signed be took within 72 hours after death with the State Dept. of Health MINDORTANT, If I have 28 is marked, or item 23 shows any

er traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / D		OF HEALTH AND	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last	SchoolField			2. DATE (	OF DEATH	YE. 93		
	4. SOCIAL SECURITY NUMBER 218-16-7894	5. SEX 6. AGE (In yrs. last b	VRS. IF UNDER	1 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		OF BIRTH Day, Year) 23-/9	8. 8	HRTHPLACE (State or Foreign Jountry)	
OR	9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY	CISFIE	DEATH		Som		
DIRECTOR	HESIDENCE OF DECEDENT  10s. STATE  10b. COUN	- Andrew	10c. CITY, TOWN C	PRIOCATION TIS FIRIC	/			10d. INSIDE CITY LIMITS?	
	10s. STREET AND NUMBER	MESSE!		10f, ZIP CODE	7		10g. CITIZEN	1 N YES 2 □ NO  OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS  1 Mever Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 KNO		WAS DECENDENT OF HISP If yes, specify Cuban, Mexi	can, Puerto R			RACE — American Indian, Black, White, etc.	
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S ED		EDENT'S USUAL O	1 YES 2 NO Spe		KIND OF BUS	INESS/INDUST	Specify: B/ACK	
BE COMPLETED	(Specify only highest gra	College (1-4 or 5+)	Oo NOT use retiped.)	during most of working		SEA	Food		
E CON	17. FATHER'S NAME (First, Middle, Last)	chool Field		18. MOTHER'S	NAME (First, N	Middle, Maiden	Hing	ton	
TO B	190. INFORMANT'S NAME (Type/Print)  UETNON S. L	BOYET 14	MAILING ADDRESS	S (Street and Number or Run Hollyward	St. A	City of Town	sign, zip Coo	19121 01821	
	20a METHOD OF DISPOSITION 1 Duriel 2 Cremellon 3 Re 4 Donellon 5 Other (Specify)	moval from State 20b. PLACE Of other place	0) 1	ame of combinery, cromatory of	TAry	20c. LOC	SON I	or Town, Steta	
	21. SIGNATURE OF UNERAL SERVICE	Clare	22.	NAME AND ADDRESS OF	St.C	Prist	TELd	Md, 21817	
	23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	r complications that caused the deat b. List only one cause on each line.	lyscoli	deal of	yeh as card	liac or respi	ratory srrest,	Approximate interval Between One and Death	
CERTIFICATION	HECUNI /								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FROM								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Lucanizat		28. PLACE OF OEATH	Check only on	10)			
YSI	I □ YES 2 □ NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3		rsing Home 5 🗆 Residence					
H J	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DES	SCRIBE HOW II	NJURY OCCUR	ED	
TED BY	2 Accident immediates and the property of the							Rural Route Number,	
COMPLETED	Total Cong	YSICIAN: To the best of my knowledge, deat						ause(a) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIS	// ////	. 11	29% LICENSE I			29d. DATE 50	/	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH TITEM	(Type, Print)		/		-//	100/1-	
_	NOV - 2 192	32. REGISTRAR'S SIGNATURE	dalle						

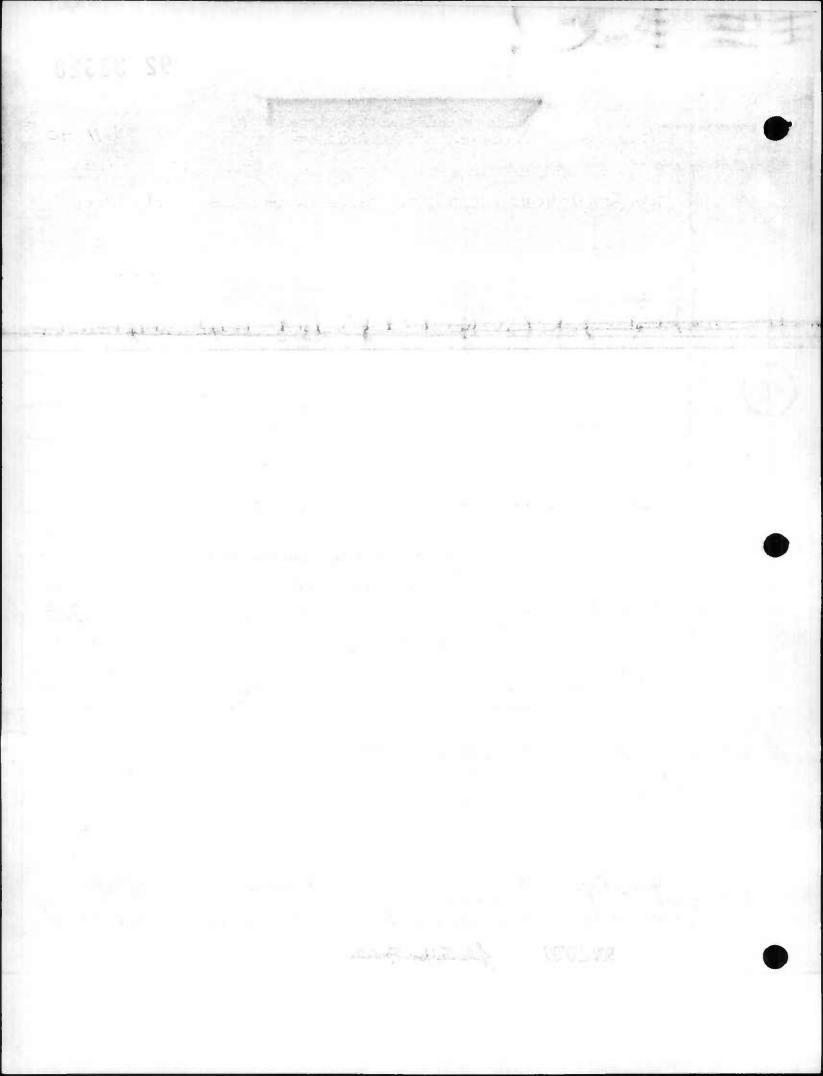
DHMH-18 Rev 1/86

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARKEND 21215-0020	BALT	IMORE,	MARK	NÞ 2	1215-002	0
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	24 hours after death.	Page 6 may be	retained by Tile	hoppital or	r attending phys	Sici
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sharmers are alread for use as the burial: be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funera on, or removal.	il director, page	5 shop as 5	Ched for	use as the buri	70

use as the burial-transit permit. Pages 1, 2, 3 should

tal or attending physician.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Sprankle 2. DATE OF DEATH 3. TIME OF DEATH A Nicole Angela November 18, 1992 Nae PRANK 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign August 28, 1992 n/a 1 M 2 X F Maryland Sa. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH FOR! DIRECTOR Memoria HOR FORD HARFORD 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Harford Havre de Grace Maryland 1 X YES 2 | NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 287 Wilson Street 21078 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TES 2 NO Specify BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Seco College (1-4 or 5 +) n/a n/a once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Mark A. Sprankle Mary Ann Williams BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Ann Gordon 287 Wilson Street - Havre de Grace, MD must be 11-20 20c. LOCATION — City or Yown, State 20a. METHOD OF DISPOSITION
1 \$\overline{\text{M}}\$ Burlet 2 \( \text{Cremation} \) 3 \( \text{Removal from State} \)
4 \( \text{Donation} \) 5 \( \text{Other (Specify)} \) 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place)
North East Methodist Cem. North East, Maryland 1992 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. MANE AND ADDRESS OF FACILITY Funerals, PA 103 West Stockton Street Elkton, MD 21921-5521 les medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition\_ 3 hu marked, or item 23 shows any injury, or other traumatic event, resulting in death) OUE TO (OR AS A CONSEQUE CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events sunce butu DUE TO (OR AS A CONSEQUENCE OF) bulk resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY 1 - YES 2 - NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO 1 | Inputient 2 | ER/Outputient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED **√** Netural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 COMPLETED 8 Could not be TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, do 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day. 1 BE 19646 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, PRASTOD 5 31. DATE FILEO (Month, Day, Year) Lulia Davidson 20'92



or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law way was provided be as TO THE FUNERAL DIRECTOR: After this certificate has been vorticed. The month of physician is be filed within 72 hours after death with the State Debt, or the control in the prior point of IMPORTANT: If item 28 is marked, or item 23 shows any injury or other traum

	1. DECEDENT'S NAME (First, Middle, Last)  Manquerite	Zillio	i i i	Sar	n Smit	5		2. DATE OF DEATH MONTH	DAY	42	5:55 AM						
	4. SOCIAL SECURITY NUMBER 214-18-1225	5. SEX 1 M 2 K F	8. AGE (In yrs. last	YRS.	IF UNDER 1 YEAR	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 8, 1		Mai	ryland						
OR	9a. FACILITY NAME (If not institution, give street Carroll County Ger		pital		96. CITY, TOW West	N OR LOCATI		HTA		arrol							
5	RESIDENCE OF DECEDENT			10c. CITY, TOWN OR LOCATION													
DIRECTOR	Maryland	Carrol1		10c, CITY,		tmins	ter				10d. INSIDE CITY LIMITS? 1 2 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 215 St. Mark Way			10f. ZIP COOE 21157			57		U.S.A	HAT COUNTRY?							
BY	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 I IF YES, GIVE WA	YES 2 XX	ARMEO  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year of If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 XXO Specify:				fea or No	r No 14. RACE American Indian, Black, White, etc.  Specify: White								
COMPLETED	15. DECEDENT'S EOUCJ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	(G/	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF E	F BUSINESS/INDUSTRY								
OMPL	Eleven Years -		Qu	ality	Contr			Lord B		ore E	ress						
BE CC	Roy D.	Belt				18. MOTI		ME (First, Middle, Meid rtha Kopp	,								
10 E	19a. INFORMANT'S NAME (Type/Print)  Jeannette J. Eiche	lberger			ADDRESS (Street			Coute Number, City or To	own, State, Zi	p Code)							
	20e METHOD OF DISPOSITION 1/L/Surial 2 Cremation 3 Remov		20b. PLACE A	NDDATEO	DISPOSITION	(Name of		DATE 20c.	LOCATION -								
	4 Donation e Other (Specify)		St. Ma	rk's				/18/92 P	erryv	ille,	Maryland						
	Plans A fall	NSEE	<b>(-</b>		Lee		atte	rson & So	n Fun	eral	Home						
	23. PART I. Enter the diseases, or co	emplications that	ceused the de-	eth. Do no	Per	ryvil	le, l	Maryland	olratory ar	rest	Approximats						
	IMMEDIATE CAUSE (Finel disease or condition	lat only one cause	clac						printery ar		Interval Between Onset and Death						
	resulting in death) e.	DUE TO (C	OR AS A CONSEC	UENCE OF)	: ,	,,,,			20								
NOI	Sequentially list conditions,	HCC DUE TO (C	TE OR AS A CONSEC	En.  UENCE OF)	ythr	0 /	ev	Kemi	à		4 mos.						
2	rally, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury																
E S	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST																
ERTIFIC	that initiated events	DUE TO (C					PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
AL CERTIFIC	that initiated events resulting in death) LAST  PART II. Other eignificent conditions	contributing to d	eeth but not re	esulting in	the underly	ing ceuse s	lven in i	Part I. 24s. WAS /		24b.							
DICAL CERTIFIC	that initiated events resulting in death) LAST	contributing to d	eeth but not re	esulting in	the underly	Ing ceuse g	elven in i	Part I. 24s. WAS / PERF	ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
N: MEDICAL CERTIFICATION	that initiated events resulting in death) LAST  PART II. Other eignificent conditions	contributing to d	eeth but not re	esulting in	the underly	ing ceuse g	ave	Part I. 244. WAS / PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE						
	that initiated events resulting in death) LAST  DART II. Other eignificent conditione Pleural E 6  25. WAS CASE REFERRED TO MEDICAL	contributing to d	n, Ma	LSSI	20.	Ing ceuse s	ave	PERF.	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
	that initiated events resulting in death) LAST  DART II. Other eignificent conditione Pleural E 6  25. WAS CASE REFERRED TO MEDICAL	Contributing to d	ER/Outpatient 3	LSSI	26. OTHER:	PLACE OF D	AVC	PERF- 1 YES  ock anly one)  C Other (Specify)	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PHYSICIAN:	that initiated events resulting in death) LAST  DART II. Other eignificent conditione  PIEUVA ( E A  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 (KNO	CONTRIBUTION TO A	ER/Outpatient 3	DOA !	26. OF RY 28c. I	PLACE OF D	EATH (Che	PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
BY PHYSICIAN:	that initiated events resulting in death) LAST  DART II. Other eignificent conditione PIEUVOL E  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO  27. MANNER OF DEATH  1 Manural 5 Pending	CONTRIBUTION TO A CONTRIBUTION	ER/Outpatient 3 NURY (Year)	DOA 20b. TIME	20. OTHER: 4   Nursing H	PLACE OF DO	EATH (Che	PERF- 1 YES  ock anly one)  C Other (Specify)	V INJURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
BY PHYSICIAN:	that initiated events resulting in death) LAST  DART II. Other eignificent conditione  PIEUVA ( E C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO  27. MANNER QE DEATH  1 Matural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICI	Contributing to d CFUSION  HOSPITAL:  Uniportent 2 D II  28a. DATE OF II  28c. PLACE OF building, et	ER/Outpatient 3 NURY Vear) INJURY — At hor	DOA 20b. TIME INJU	26. OTHER: 4 Nursing H OF 28c. I	PLACE OF DI OTTRE 5 Re INJURY AT WORK? VES 2 Trice	EATH (Che eldence )	PERF- 1 VES 1 VES 2 Other (Specify) 28d. DESCRIBE HOW 2ef. LOCATION (Street City or Town, Ste	V INJURY OC	COURED  or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO						
COMPLETED BY PHYSICIAN:	that initiated events resulting in death) LAST  DART II. Other eignificent conditione  PIEUVA ( E / C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER QE-DEATH  1 Matural 5 Pending investigation 3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only 1 X CERTIFVING PHYSICI	Contributing to d CFUSION  HOSPITAL:  Uniportent 2 D II  28a. DATE OF II  28c. PLACE OF building, et	ER/Outpatient 3 NURY Vear) INJURY — At hor	DOA 20b. TIME INJU	26. OTHER: 4 Nursing H OF 28c. I	PLACE OF DOME 5 Resinjury AT WORK? YES 2 Mice	EATH (Che eldence )	PERF. 1 YES  1 YES  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Town, Stee  to the cause(a) and many of the cause (a) and many of the cause (b) and many of the cause (c) and many of the cause (c) and many of the cause (c) and many of the cause (d) and many of the cause (e) and many of the cau	V INJURY OC and Number of and Number of and due to ti	council A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO  Dute Number,  and manner as stated.						
BE COMPLETED BY PHYSICIAN:	that initiated events resulting in death) LAST  DART II. Other eignificent conditione  PIEUVAL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO  27. MANNER OE DEATH  1 Matural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. MEDICAL EXAMINER:	Contributing to d CFUSION  HOSPITAL:  128a. DATE OF IN (Month, Day)  28a. PLACE OF building, et  AN: To the best of m On the best of axa	ER/Outpatient 3 NURY Year) INJURY — At hor c. (Specify) ny knowledge, dea	DOA 20b. TIME INJURIES INJURIE	26. OTHER: 4 Nursing H OF RY M 1 reet, factory, of	PLACE OF DI OME 5 Re INJURY AT WORK? YES 2 Title site and place, ,, death occur	EATH (Che saldence of the sald	PERF. 1 YES  1 YES  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Town, Stee  to the cause(a) and many of the cause (a) and many of the cause (b) and many of the cause (c) and many of the cause (c) and many of the cause (c) and many of the cause (d) and many of the cause (e) and many of the cau	V INJURY OC and Number of and Number of and due to ti	council A	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO						
E COMPLETED BY PHYSICIAN:	that initiated events resulting in death) LAST  DART II. Other eignificent conditione  PIEUVOL 6  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATH  1 Watural 5 Pending Investigation Investigation deatarmined  2 Accident Investigation deatarmined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:	Contributing to d CFUSION  HOSPITAL:  128a. DATE OF IN (Month, Day)  28a. PLACE OF building, et  AN: To the best of m On the best of axa	ER/Outpatient 3 NURY Year) INJURY — At hor c. (Specify) ry knowledge, dea	DOA 20b. TIME INJURIES INJURIE	26. J A Nursing H OF 26c. J RY M 1	PLACE OF DO OTHE 5 Re INJURY AT WORK? VES 2 Hitce  What and piece, Indeeth occur  29c. LICE	EATH (Che aldence of the series of the serie	PERF.  1 YES  1 YES  1 YES  1 YES  28d. DESCRIBE HOW  28d. DESCRIBE HOW  28d. LOCATION (Stree City or Town, Ste	Y INJURY OC  It and Number  It and due to ti  29d. DAT	COURED  or or Rural Ri  ned.  he cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO  Dute Number,  and manner as stated.						
BE COMPLETED BY PHYSICIAN:	that initiated events resulting in death) LAST  DART II. Other eignificent conditione  PIEURA  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATH  1 Matural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. COUNTY ONE) 2 MEDICAL EXAMINER:  30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE  MOSPITAL:  VARIPBETHEN:  28a. DATE OF IN  (Month, Day.  26a. PLACE OF building, et  AN: To the best of m  On the best of axa.	ER/Outpatient 3 NUTY Year)  INJURY — At hor c. (Specify)  ry knowledge, det mination end/or is  OF DEATH (ITEN	DOA 2  2eb. TIME INJU  ne, farm, ste  who occurred  the occurred  restigation.	26. J A Nursing H OF 26c. J RY M 1	PLACE OF DO OTHE 5 Re INJURY AT WORK? VES 2 Hitce  What and piece, Indeeth occur  29c. LICE	EATH (Che aldence of the series of the serie	PERF. 1 YES  1 YES  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Town, Stee  to the cause(a) and many of the cause (a) and many of the cause (b) and many of the cause (c) and many of the cause (c) and many of the cause (c) and many of the cause (d) and many of the cause (e) and many of the cau	Y INJURY OC  It and Number  It and due to ti  29d. DAT	COURED  or or Rural Ri  ned.  he cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO  Dute Number,  and manner as stated.						

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er traumatic event, the medical examiner must be notified at once.

ysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The awmount to THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Duot, or Health Manual MPORTANT; If Hem 28 is marked, or Nem 23 hours and

	FOR 1 • STATE REGISTRAR	STATE OF MARYL	AND / DEPAR				MENT	AL HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last)  JAMES SKRIVANEK						MO	TE OF DEATH	7 3	EAR	3:51P M	
-11	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1		UNDER 24 HRS.	7. DA	TE OF BIRTH	6.	BIRTHPI	LACE (State or Foreign	
	217 011134  sa. FACILITY NAME (If not institution, give:	1 M 2 F 79	YRS.			OCATION OF D	Ju	1y 4, 19	9c. COUNTY		nsylvania	
œ l	V.A. Medical Cent				rry F		/EAIII		9C. COOK 1	Ced		
010	RESIDENCE OF DECEDENT				117 1	OTHE				000		
DIRECTOR	Maryland 10b. COUNT	Cecil	10c. CIT	Y, TOWN OF		Deposi	it				Od. INSIDE CITY LIMITS?  YES 2XX NO	
FUNERAL	100. STREET AND NUMBER 875 Jacob Tome Hi	ghway		101. ZIP CODE 21904						S.A.	AT COUNTRY?	
S	11, MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. W	WAS DECENE		GIN? (Specify Yee		RACE -	- American Indian.		
BY	1 Never Married 2 Merried 3 XX/Idowed 4 Divorced	FORCES? XIX YES IF YES, GIVE WAR OF DA W.W. II	2 NO	- If	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:						White, etc.	
E	15. DECEDENT'S EDL (Specify only highest grade	JCATION is completed)	16a. DECEDENT'S (Give kind of	USUAL OC	CUPATION	Lunddag		16b. KIND OF BUS				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)		Working					Taxicab Co.	
MP	Eight Years		Cab	Drive	r			Havre de	Grac	e, I	Maryland	
8	17. FATHER'S NAME (First, Middle, Last)	1.			16			t, Middle, Meiden S		1		
BE	Joseph Skriv	anek	- Control of the Cont			Anna		aiden Na			wn)	
2	19a. INFORMANT'S NAME (Type/Print)	T.	2000					umber, City or Town				
	James Skrivanek,										and 21904	
	20e, METHOD OF DISPOSITION NX Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	other place) armony C	hapel	Ceme	tery			cty Gr		, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	\			Patter		& Son F	linera	1 н	nme	
1	Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903											
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  a. LEFT LOWER LOBE PNEUMONIA C Replicatory fully pure to (or as a consequence or):											
NOI	Sequentially list conditions, CARDIOPUL,MONARY ARREST											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in deeth) LAST	d.										
	DARW II Oak desilies dale			1						_		
PHYSICIAN: MEDICAL	PART ii. Other algnificant condition	na contributing to death b	ut not reaulting	in the unc	derlying c	euse given i	n Part i	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
M										1	1 YES 2 NO	
Z												
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		E OF OEATH (C	Check only	/ one)				
IYS	1 YES 2 X NO	1 X Inpatient 2 - ER/Outp		4 🗆 Nurs	ing Home	5 Residence	_				4	
ву Рн	1 Natural 5 Pending 24 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TH	JURY M	28c. INJUR WORK 1 YES	2 NO	28d.	DEȘCRIBE HOW II	IJURY OCCU	RED		
	3 Suicide e Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term,	streat, facto	ory, office		2et, I	OCATION (Street a Vity or Town, State)	nd Number or	Rural Ro	oute Number,	
COMPLETED	nee)	SICIAN: To the beat of my know IER: On the besie of examinatio									end manner ee stated.	
	296. SIGNATURE AND TITLE OF CERTIFIC	ER			2	9c. LICENSE N	UMBER		29d. DATE 8	IGNED (	Month, Day, Year)	
) BE	VA.	~ MD			1	1)414	13-	E	D 111	171	92	
10	30. NAME AND ADDRESS OF PERSON W PROMILA SURI M						( Ne	nsylvany		111		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN										
	NOV 20'92	deli K		J. 00								



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	NEGISTRAR		CERTIF	ICALE OF	DEATH	R	EG. NO.					
9	1. DECEDENT'S NAME (First, Middle, Lest)  LAWRENCE J.	CCUDOCK				2. DATE OF D	DEATH DAY	YEAR	3. TIME OF DEATN			
- 3						OCTOB	ER 28,19		8:30 a »			
	4. SOCIAL SECURITY NUMBER 196-18-2416	5. SEX 8. A	GE (In yrs. lest birthdey) 79 vrs.	IF UNDER † YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day M A V 2	1913 2,1913	a. BIRTNP Country) ORE				
	Se. FACILITY NAME (If not institution, give a	treet and number)		9h CITY TOWN	OR LOCATION OF D			INTY OF DE				
Œ.		T. 313		- 101	DAIN!							
DIRECTOR	RESIDENCE OF DECEDENT	1. 313		SUDLE.	LERSVILLE QUEEN ANNES							
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION		10d. INSIDE CITY					
		N ANNES		CRUMPTO	N			,	LIMITS?			
₹1	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CI1	IZEN OF WH	AT COUNTRY?			
FUNERAL	BOX 126				21628			US	A			
5	11. MARITAL STATUS	12. WAS DECEDENT EYE FORCES? 1 Y	R IN U.S. ARMED		CENDENT OF HISPAI			14. RACE -	- American Indian,			
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIYE WAR O			If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 □ YES 2 ☑ NO Specify:  WHITE							
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPAT		16b, KINI	O OF BUSINESS/IN	DUSTRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)	out of morning							
MP	6		DAIRY F	ARMER		FA	RMER, FA	RMING				
	17. FATNER'S NAME (First, Middle, Last)  JOSEPH SCHROC	K				ME (First, Middle L CHRI	, Maiden Surname)					
B	19a. INFORMANT'S NAME (Type/Print)		10h MAII INC	ADDRESS (Over	and Number or Rural			-2027				
2	ANNA MARY SCHRO	CK			JMPTON, M			p Code)				
	26a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem		20b. PLACE AND DATE (	F DISPOSITION (/	lame of	DATE	20c. LOCATION -	City or Town	n, State			
1	4 Donation 5 Other (Specify)	OVEL From State	HARMONY	CHURCH	CEMETERY	10-92	KENNEDY	VILLE	, MD.			
	21. SIGNATURE OF UNERAL SERVICE LIC	ENSEE			ND ADDRESS OF FA		E .		21651			
	Lary B. Fellows FUNERAL HOME BOX 270 W. CYPRESS, ST. MILLINGTON, MD.											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest,  Approximate											
	anock, or neert reliure. List only one ceuse on each line.											
1	IMMEDIATE CAUSE (Final disease or condition ASC (II) = Mars (R = 0.7) a to the condition on the condition ASC (III) = Mars (R = 0.7) a to the condition of the condition and the condition are condition as the condition of the condition are conditionally as the condition of the condition are conditionally as the condition of the condition are conditionally as the condition are conditionally as the condition of the condition are conditionally as the condition of the condition are conditionally as the condition of the condition are conditionally as the conditional are conditionally are conditionally as the conditional are conditionally are conditionally as the conditional are conditionally as the conditional are conditionally as the conditional are conditionally are conditionally are conditi											
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE OF	): ):	worde	o de	new	90				
z		. Clot	F									
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate b. Due to (or as a consequence of):											
ই	CAUSE (Disease or Injury	c										
	that initieted events resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE OF	ን:								
9	The state of the s	d										
	PART II. Other eignificant condition	e contributing to deet	but not resulting i	n the underlying	g ceuse given in	Part i. 24a.	WAS AN AUTOPSY		ERE AUTOPSY FINDINGS			
EDICAL	pr	obahl	e pm	leur	ong	1 [	PERFORMED?	C	MAILABLE PRIOR TO OMPLETION OF CAUSE			
W	/		/				N		F DEATH?			
z												
ᇹᆙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)						
PHYSICIAN:	1 - YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/C	outpatient 3 DOA	OTHER: 4   Nursing No.	ne 5 🗆 Residence	6 Other (Spe	ocify)					
E	27. MANNER OF DEATH	28a. DATE OF INJUS (Month, Day, Yea			JURY AT DRK?	28d. DEŞCRIB	E HOW INJURY OC	CURED				
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO							
	3 Suicide 6 Could not be determined	28e. PLACE OF INJL building, etc. (S	IRY — At home, ferm, a pecify)	treet, factory, offi	Ce Ce	261. LOCATION City or Tow	(Street and Numbern, State)	r or Rural Rou	te Number,			
⊢ II	29a. CERTIFIER											
COMPLE	(Check only CERTIFYING PNYSI	CIAN: To the best of my kr	owledge, death occurre	d et the time, dat t, in my opinion,	a and place, and due death occured at the	to the cause(a)	and manner ea sta	ted.	od manner as stated.			
ŏ	296. SIGNATURE AND TITLE OF CERTIFIES		1 11 1		29c. LICENSE NUR				forth, Day, Year)			
BE	1	Mrs P	1114	m	DIA	20/	<b>&gt;</b>	10-	30-92			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) / 5(0).	Prints	01	, ,		-	- / -			
		m.D 516	Washin	tox A	re Che	5th to	m ml	216	120			
- 1	21. DATE FILED (MAINT), Day, Year)	32. REGISTRAR'S S	Six Marida	Dan 1.00								

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND	MENTAL HYGII		33032				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	_			
		ELLA MAY S				Oct. 24	992	2:15 AM	м			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year,		8. BIRTHPLACE (State or Foreign Country)	n			
	220 52 6847	1 □ M 2XXF 93	YRS.	A.S.	100000	3/18/1899		Maryland				
00	9a. FACILITY NAME (If not institution, give		- 1		OR LOCATION OF	DEATN	9c. COUNT	TY OF DEATN				
DIRECTOR	Magnolia Hall Nu	rsing Center		Chester	town		Ken	t				
l Ä	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION			10d, INSIDE CITY	_			
	Maryland Ken	t	Ches	tertown	ı			LIMITS?				
Z Z	10e, STREET AND NUMBER				1. ZIP CODE		10g, CITIZI	EN OF WNAT COUNTRY?	_			
FUNERAL	High				21620		US.	A				
J.	11. MARITAL STATUS Widowed	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DEC	CENDENT OF HISP/	ANIC ORIGIN? (Specify cen, Puerto Ricen, etc.)	Yea or No-	14. RACE — American Indian, Black, White, etc.				
B	Widowed 4 Divorced	IF YES, OIVE WAR OR D	NO NO		NO Spec			Specify: White				
E	15. DECEDENT'S EDU (Specify only highest grade	ICATION	18a. DECEDENT'S U	SUAL OCCUPATION	ON		BUSINESS/INOU		_			
COMPLET	Elementary/Secondary (0-12)	College (t-4 or 5 +)	(Give kind of wo	ork done during mo retired.)	ost of working			3111				
MP	4 grades		Housewi	fe		Own	Home					
	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Maid	en Sumame)					
BE	Charle	es Walter Hur			Abigale	Coverdal	e					
5	190. INFORMANT'S NAME (Type/Print) Genevive Gorsuch	(D1-)				Route Number, City or 1	own, State, Zip C	Code)				
	204 METHOD OF DISPOSITION	(Daughter)		Pond, 1								
1 4	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		netery, crematory or other			1		ty or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	Chester Co		(10/29 ND ADDRESS OF F	1/92 Che	sterto	wn, Md. 21620				
	1 1 :0	0.	.00.			413	High S	St.				
	23. PART // Enter the diseases, pr complications that caused the death Do not extent the mode of this mode of the											
	Shock, or heert fallure. List only one cause Dn each line.  Approximats Interval Between											
	iMMEDIATE CAUSE (Final disease or condition	Care B	0/	1-	-0-	- (0		Onset and Dec	ath			
	resulting in death)	B. DUE TO (OR AS A	CONSEQUENCE OF):	CIF	CENTRE	ck -						
z		h	CONSEQUENCE OF:	1/7/	unen			CHOW	1			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					100				
2	CAUSE (Disease or Injury	с.										
Ē	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
E		d							_			
AL	PART II. Other significent condition	s contributing to deeth be	ut not reculting in	the underlying	ceuse given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING	GS			
MEDIC						1 YES		COMPLETION OF CAUSE OF DEATH?	ŧ			
								1 TES 2 NO				
AN	15 WAS 0105 SECTION OF											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PL	ACE OF DEATH (C)	heck only one)						
HYS	1 TYES 2 THO  27. MANNER OF DEATN	1 Inpatiant 2 ER/Outp	atient 3 DOA 4	Nursing Nome		8 Other (Specify)						
	1 Natural 5 Pending	(Month, Day, Year)	INJUF	TY WO	PRY AT PRK? 'ES 2 NO	28d. DESCRIBE NOW	INJURY OCCU	RED				
BY	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJURY	— At home, ferm, stre			28f. LOCATION (Street	t and Alumber or	Brend Breds March				
COMPLETED	4 Nomicide detarmined	building, atc. (Speci	f(y)	100		City or Town, Stal	e)	ruisi riodie Number,				
2	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurred	at the time date	and place, and due	to the squarfe) and m			_			
ŏ.	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation,	in my opinion, de	eath occured at the	time, data and place,	and due to the o	cause(a) and manner as stated.				
Ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		-	SIGNED (Month, Day, Year)	_			
00	4 Dm	un			# D00354			.16 1992				
유	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pr	rint)	200334		I OCE	. ~ 0 1774	-			
	C. Gottfried Bau	mann M.D.	Chester	town, M	d. 21620	)						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE Hande									
	OCT 27 '92	guia Dav	4dson-Manda									

2. 3 should

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		00000
	1. DECEDENT'S NAME (First, Middle, Last)  Elijah	Smith Jr.			2. DATE OF DEATH DAY OCTOBER 23	3, 1992°	3. TIME OF OEATH  9:48 P M
	4. SOCIAL SECURITY NUMBER 218-16-8013	5. SEX 8. AGE (II	9 YRS. MON		7. DATE OF BIRTH (Month, Day, Year) MAV-14-/		IPLACE (State or Foreign )
CTOR	Se. FACILITY NAME (If not institution, give atre  Kent and Oueen  RESIDENCE OF DECEMENT	Annes Hospit		CITY, TOWN OR LOCATION OF D NESTERTOWN	EATH (	Se. COUNTY OF C	PEATH
FUNERAL DIRECTOR	100. STATE 100. COUNTY MARUAN KENT		CHES	WHY OR LOCATION  TER TOWN			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
NERA	310 CANNON!	STREET	·	21621	9	US;	MHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EYER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxico 1 YES 2 X NO Specifi	an, Puerto Rican, etc.)	or No 14. RACI Blac Spec	E — American Indian, k, Whita, etc.
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reli	fone during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest)	nith SR	PHILIP C	18. MOTHER'S NA	ME (First, Middle, Meiden S	DOUR	
101	190. INFORMANT'S NAME (Type/Print)	mith	3/0 (	RESS (Street and Number or Rural	Acute Number, City or Town,	Stop Zip Code	Fran Md.
	20e_METHOD OF DISPOSITION 1 D_Burlal 2 Cremation 3 Remov 4 Donation 8 Other (Specify)	val from Stata come	PLACE AND DATE OF DIS	SPOSITION (Name of )	DATE 20c. LOCA	ation—city or to	ter town, M
	21. SIGNATURE OF FUNERAL SERVICE LICE	ince		P.D. BOXA	91 Type	R. De.	Services 1990/
	23. PARTLE Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acute	the death. Do not each line.  Mgs Conditional Consciouence of:	ntar the moda of dying, such	h as cardiac or respire	atory arrest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF):				10 years
	resulting in death) LAST						
MEDICAL	PART II. Other significant conditions	((ih)	it not resulting in th	e underlying cause given in	Part I. 24s, WAS AN A PERFORM  1 YES 2	EO?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)		
HYSIC		HOSPITAL: 1 ☐ Inputlent 2 ☐ ER/Output 28a. DATE OF INJURY		HER: Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE NOW IN.	NIBY OCCUPED	
BY	1 Natural 8 Pending 2 Accident Investigation 3 Suicide S Could not be	(Month, Day, Year)  28e. PLACE OF INJURY	INJURY  — At home, ferm, street.	WORK?  1 YES 2 NO	28f. LOCATION (Street and		Inuto Aumber
LETEC	4 Homicide detarmined	building, etc. (Specif	(V)		City or Town, State)		
COMPLETED	2 MEDICAL EXAMINER:			the time, data and place, and due my opinion, death occured at the			) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	los mo		29c. LICENSE NUI	BER 36	DATE SIGNED	(Month, Day, Year)
		5, m.D S	6 Washin	g bre Are. (	hesta to	me ma	21620
3ti	31. DATE FILED (Montil) 27 '92	32. REGISTRARIS SIGNA	TURE Vavidson-Rand	elle			

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o.	certif	
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ä	the	
<b>E</b>	that	
F VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within 24 or	
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DIVISION	END	
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	OR	
	TO THE HOSPITAL OR ATTEND	
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Edward W.

Ditto,

III,

1992

M.D., 32. REGISTRAR SISTEMATURE

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	AL HYGIEN REG. NO	_		0004
2000	1. DECEDENT'S NAME (First, Middle, Last)  J (	ohn W:	illiam		HIVES				2. DAT MON NOV	E OF DEATH	AY	YEAR	6:42 P M
	4. SOCIAL SECURITY NUMBER 204-30-5257	5. SEX 1 🔯 M 2 🗌 F	5. AGE (In yrs. In: 78	ot birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATI	r 30,	1914	BIRTHPL	ACE (State or Foreign nklin Co. Penna.
TOR	9a. FACILITY NAME (# not institution, give at  Washington ( RESIDENCE OF DECEDENT		8		1111		sto	WIL			9c. COUNT	Y OF DEA	тн
DIRECTOR	Penna. Fre	nklin			noc. city, town or location  Mercersburg								Od. INSIDE CITY LIMITS?  YES 2 1 NO
FUNERAL	100. STREET AND NUMBER 9283 Blue Sp						2IP COD	36			-	USA	AT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 1		1	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1  YES 2 NO Specify:					- American Indian, White, etc. te		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CaTION completed) College (1-4 or 5	(G	CEDENT'S ive kind of Do NOT u		CUPATIO	ON st of worki	ng		Gen.Fa			
BE COM	17. FATHER'S NAME (First, Middle, Lest)  James Shiv	70 <b>S</b>						Blan	nch	Middle, Melden e Stal	nl		
TO E	190. INFORMANT'S NAME (Type/Print)  Kathryn Shive	S	19	b. MAILING 9283	Blu	(Street a	nd Numbe pri	ng ]	Rd.	nber, City or Tow Merce	n, State, Jist Prsbu	236 rg,	Pa.
	20a. METHOD OF DISPOSITION  1 C Burlel 2 Cremetion 3 Removel from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemeigny, cremetory or other piece)  Falrivew Cem.  20c. LOCATION - City or Town, State  Mercersburg Franklin C8., Pa.												
	22. NAME AND ADDRESS OF FACILITY Lininger-Fries Funeral Home 17 N. Park Ave. 17236												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel									Approximate Interval Between Onset and Deeth			
_	disease or condition  a. Multiple Trauma  Due To (OR AS A CONSEQUENCE OF):									8 hrs. 42 min.			
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
CERTIFICATION	thet initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions	contributing to	deeth but not i	resulting	in the un	derlying	g ceuse	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	A) O	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF 0	EATH (Chi	eck only o	one)		_	
PHYS	1 💢 YES 2 🗆 NO  27. MANNER OF DEATH  1 🗀 Natural 5 🗀 Pending	1 Inpatient 2X  26a. OATE OF (Month, D)  NOV.	INJURY	26b. TIM	E OF	28c. INJ	URY AT	T	28d. 0E	er (Specify) SCRIBE HOW II Cht in	Mach 11	nery	of corn
TED BY	2 🕅 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE O	F INJURY — At he etc. (Specify)	me, farm,		ory, office			26f. LO		9283°B		prings Rd.
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC MEDICAL EXAMINES			ath occur	ed at the H	me, data	and place	, and dua	to the co	suse(a) and mer	ner sa stated		
TO BE C	296. SIGNATORIBAND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  NOV. 17, 1992  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IYEM 27) (MOR. Print)												

217 West Washington Street, Hagerstown, Maryland 21740

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DALLIMORE, MARTLAN	TO THE MOSPITAL OR ATTENUAGE PRESIDENT AND LINE REPORTED THE BEST OF THE MOSPITAL OR ATTENUAGE 6 May be retained by the hos	TO THE FUNERAL DIRECTOR: And the control is the control of the control of the control of the funeral director, page 5 should be detach	
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	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTI	MENT OF H	EALTH AND DEATH		GIENE a. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	ATRICI	APA	ATRICIA		2. DATE OF DEA	1TH 97 9	3. TIME OF DUAM			
	3 9 GIAL SECURITY NUMBER 7 STORE STO	I W 2 XF	YRS. MC	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. BATE OF BIRT (Month, Day, W MARCH 1	7 1928	BIRTHPLACE (State or Manager Country) MARYLAND			
TOR	ANNE ARUNDEL MEDIC			ANNAPO		EATH		E ARUNDEL			
DIRECTOR	10a. STATE 10b. COUNTY	E ARUNDEL		TOWN OR LOCATE	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 210 GROSS AVENUE			101.	21401			N OF WHAT COUNTRY? U.S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 VES 2 XNO Specify:  BLACK							
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		Give kind of work life. Do NOT use n HOUSEWI	k done during mos retired.)		16b. KIND C	OF BUSINESS/INDUS	TRY			
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, A	faiden Surname)				
6 111	JOHN SAUL					TIE SORR					
TO B	19a. INFORMANT'S NAME (Type/Print) WILLIAM SAVOY						or Town, State, Zip Co	ide)			
	20a. METHOD OF DISPOSITION	20b. PL/	CE AND DATE OF	DISPOSITION /Nor	UE ANNA		D. 21401 De. LOCATION — CHY	or Travo State			
	1 Donation 8 Other (Specify)	ri from State cemetery	crematory or other	M. PARK		16/92	ANNAPOL:				
OAGINING	21. SIGNATURE OF FUNERAL SERVICE LICEN	Bese		REESE 821 WE	& SONS N	MORTUARY ANNAPOLI	, P.A.	1401			
	23. PART I. Enter the diseases, Dr con shock, or heart fellure. Lie	plications that caused the only one cause on each	deeth. Do not line.	enter the mod	de of dying, suc	h as cardlec or	reapiratory arrea	t, Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	C	Dat co	ell ct	A of	long		Onset and Death			
		DUE TO (DR AS A COM	Ciadi	up+te	1256						
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or Injury)	DUE TO (OR AS A CON									
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST  DUE TO (DR AS A CONSEDUENCE OF):										
MEDICAL	PART II. Other significant conditions of	ontributing to death but n	ot resulting in t	the underlying	csuse given in	PE	AS AN AUTOPSY ERFORMED? (ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN:		OSPITAL:		26. PL/	ACE OF DEATH (Ch	eck only one)					
₹ ¥		Inpatient 2 ER/Outpatien	H 3 DOA 4	☐ Nursing Home	5 Rasidence						
	1 Netural 5 Pending	(Month, Day, Year)	26b. TIME O	Y WOR	URY AT RK? 'ES 2 ND	20d. DESCRIBE	HOW INJURY OCCUR	iED .			
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE DF INJURY — A building, etc. (Specify)	it home, farm, stree			28f. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,			
COMPLET	one) 2 MEDICAL EXAMINER: D	N: To the best of my knowledge						ause(a) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO C	louidou	10		29c. LICENSE NUM	MBER	29d. DATE S	IGNED (Month, Day, Year)			
	Straut E. S	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pri	no Bec	tanse	Rd. Au	Mapolis	Usa.			
	31. DATE FILED (Month, Day, Year) NOV 1 9 1992	32 REGISTRAR'S SIGNATUR	Fandalle.		- COURCE	000	iva ons				

ientificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Ing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should willer prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 P.O. BOX 68760,

or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law require the TO THE FUNERAL DIRECTOR; After this certificate has been signed be filed within 72 hours after death with the State Dept. of Heal IMPORTANT: If Item 28 is marked, or Item 23 shows and

DIVISION OF VITAL RECORDS

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN		00000	
	1. DECEDENT'S NAME (First, Middle, Lest) EV					2. DATE OF OEATH MONTH	92	3. TIME OF DEATH	
	216 60 5794 1	□ M 2 X F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEBRUARY	0	BIRTHPLACE (State or Foreign Country)  5 MARYLAND	
OR	98. FACILITY NAME (If not institution, give street ANNE ARUNDEL MEDICA		9		POLIS	АТН	9c. COUNTY ANNE		
DIRECTOR	HESIDENCE OF DECEDENT  10e. STATE  MARYLAND  MARYLAND  ANNE ARU	JNDEL		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1454 LOG INN ROAD			101	21401		U.S.	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 12 1	FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	XXVO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.)  1  YES 2 X YOO Specify:  BLACK					
COMPLETED	15. DECEOENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  C	ON 18a. OECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.) HOUSEWIFE			PATION 16b. KIND OF BUSINESS/INDUSTRY				
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden	Surname)		
BE	EARL CARR  19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DRESS (Street e		PARKER  Poute Number, City or Tow	vn, State, Zip Coc	de)	
임	MORRIS L. STEVENSON					APOLIS, MD			
	20e. METHOD OF DISPOSITION 1(**) Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	rom State cametery MARY	ACEAND DATE OF 1 y, crematory or other LAND VE	ERAN C	EMETERY	11/20/92 C	ROWNSV	The state of the s	
	21. SIONATURE OF FUNERAL SERVICE LICENS	Rese	-	REESE	SONS MEST ST.	ORTUARY, P ANNAPOLIS,	.A.	1401	
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heef feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Batweer Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COL	· .						
PHYSICIAN: MEDICAL	PART II. Other significent conditions of	ontributing to deeth but n	not resulting in	the underlying	ceuse given in	Part i. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PL	ACE OF DEATH (Che	ack only one)			
PHYS	1 VES 2 NO 1	Inpatient 2 ER/Outpatier  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJ	RK?	8 Other (Specify)  28d. DESCRIBE HOW I	INJURY OCCURE	ED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, atre		ES 2 NO	28f. LOCATION (Street City or Town, State)	end Number or R	tural Route Number,	
COMPLETE		N: To the beet of my knowledge						use(e) end menner ee stated,	
出	296. SIGNATURE AND TITLE OF CENTIFIER	-			DIG3	IBER 1	29d. CATE SIG	GNED (Month, pay, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETEO CAUSE OF DEATH		GATE	RD	ANNA	P. MI	21401	
	NOV 1 9 1992	32. REGISTRAR'S SIGNATUR							

we have the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	received by the attention prescient and competent filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be that the many filled in burial, cremation, or removal.	em 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. TH	TO THE FUNERAL DIRECTOR: After this certificant be filed within 72 hours after death with the State	=

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI				GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	James Glenn S	Saffell	Jr.		2. DATE OF DE MONTH 11/14	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF	RTH		IPLACE (State or Foreign	
	214-34-3899	1 ½ M 2 □ F 61	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Oct. 2	0.1931	Ba	lto. Md.	
	9e. FACILITY NAME (If not institution, give		9	b. CITY, TOWN O	R LOCATION OF DE			UNTY OF E		
DIRECTOR	Greater Baltimo	re Medical Cer	nter	Towson			Ва	Baltimore Co.		
Ĕ I	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
ਰੈ	Md Bal		1 TYES 2XXNO							
N N	10e. STREET AND NUMBER			1000	ZIP CODE		10g. CI		WHAT COUNTRY?	
	1021 Saffell Rd	T			21136			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR DR DATE	ZYNO	13. WAS DEC	E — American Indian, k, White, etc. #y:					
COMPLETED	(Specify only highest grad	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								
PLE	Elementary/Secondery (0-12)	3 Yrs College		neral D						
N O	17. FATHER'S NAME (First, Middle, Last)	J IIS COTTERE	rui	ilciai D.	16. MOTHER'S NA	ME (First, Middle,	Maiden Surname)			
Č	Dr. James G. Sa	ffell Sr.			Virgin	ia Jack	son Saf	fell		
m	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e	nd Number or Rural I	Route Number, Cit	y or Town, State, 2	Zip Code)		
2	Mrs. Miriam L. S	affell	1021 9	Saffell	Rd. Re	isterst	own, Mc	1. 21	136	
Mrs. Miriam L. Saffell 1021 Saffell Rd. Reisterstown, Md. 21136  200. METHOD OF DISPOSITION 1										
									MD	
	La de a de	0/		24, NAME A	D ADDITESS OF TA	1	.1824 Re	eiste	rstown Rd	
	Jan N	Killer			Funeral					
$\triangleleft$	23. PART I. Enter the diseases, or ahock, or heart fellure	. List only one cause on eac		t enter the mo	de of dying, auc	h ae cerdiac c	r reepiratory a	rrest,	Approximata Interval Between	
J	IMMEDIATE CAUSE (Finel disease or condition									
	resulting in deeth)	OUE TO (OR AS A (	CONSEQUENCE OF):							
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A C	CONSEQUENCE OF):	:						
্র	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	:						
5		d							<del>-</del>	
PHYSICIAN: MEDICAL	PART II. Other eignificent condition	ona contributing to death but	t not resulting in	the underlyin	g ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 100	Y 24	b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
						_   ' _		- 1	OF DEATH?	
- Z										
동	25. WAS CASE REFERRED TO MEDICAL EXAMINENT?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)				
is	1 PYES 2 ND	1 Inpatient 2 Est/Outpa		OTHER: 4 - Nursing Hon	e 5 🗆 Reeldence	6 Other (Spe	cify)			
표	27. MANNER DE DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	PRK?	26d. DESCRIB	E HOW INJURY (	CCURED		
1										
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specif	— At nome, term, st y)	reet, factory, offic	•	City or Tox	(Street end Num vn, State)	Der or Hurai	House Number,	
COMPLETED	(Orlock Orly)	SICIAN: To the best of my knowle NER: Dn the basie of examination							(a) and manner as stated.	
									ED (Month, Day, Year)	
BE	All acht	Ostone	une	(	1)-1	7938	3 1	11-	15-92	
유	30, MANE AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)		100	in 11.	1000	14 (11/2/2)	
	C'harles FC	DIDonnell		484	2 mber	Louse		1/2	met All	
	31. DATE FILED (Magth, 109/20ar)	12 REGISTRAR'S SIGNA	Maridae		/					

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HOSPITAL OR ATTENDING PHYSICAN TO the required that the destribinate be executed within 24 hours after death. Page 6 may be retained by the host	FUNERAL DIRECTOR: After this certification is a second to the standing physician and completely filled in by the funeral director, page 5 should be detached		ITANT: Il item 28 is marked, or learned and learned and injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND	/ DEPARTM			MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  MAGGIE	EUNICE	7	YLEI	R	2. DATE (	OF DEATH DAY	18 9	3. TI	O'40AM
	0-17-03-10-10	M 2 ≥ F 88	YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7	DE BIRTH , Day, Year)	- (	aryl	E (State or Foreign and
TOR	9e. FACILITY NAME (If not institution, give street and	No Ho	9b.	-	R LOCATION OF DE		·	9c. COUNTY OF DEATH  DORCHESTER		
DIRECTOR	MD. 10b. COUNTY Dorch		Cambr			10d. INSIDE CITY LIMITS? 1 ∑ YES 2 ☐ ND			LIMITS?	
FUNERAL	100. STREET AND NUMBER 520 Glenburn Av		101.	2161	3		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUN	1 Never Married 2 Married FO	AS DECEDENT EVER IN U.S. A PRCES? 1 YES XX YES, GIVE WAR OR DATES		If yes, spe	ENDENT OF HISPAN ocity Cuban, Maxicar 2 NO Specify	n, Puarto R			Black, Whi	merican Indian, ita, atc. hite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12)  8 Coffee	ed) ge (1-4 or 5+)	DECEDENT'S USU Give kind at work the Do NOT use rel	IAL OCCUPATION done during most ired.) OMEMA	st of working	16b.	KIND OF BUS	INESS/INDUST	RY	
	17. FATHER'S NAME (First, Middle, Last)  Levin H. Cre	eighton				ME (First, Middle, Meiden Surneme) Laura (unk.)				
TO BE	19a. INFORMANT'S NAME (Type/Print) Marvin A. Tyler	1		poress (Street and Number or Rural Route Number, City or Town, State, Zip Code) Srohawn Ave. Cambridge Md. 21613						
	1X Buriel 2 Cremation 3 Removel from State  4 Donation 5 Other (Specify)  Dorchester Mem. Park							c. Location — City or Town, State  Cambridge Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  *** *******************************	Themas (	7		D ADDRESS OF FAC	1				HOme 21613
shock, or heart failure. List only one cause on each line.									Approximata Interval Batween Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions cont	ributing to death but not						I.a. WAS AN AUTOPSY PERFORMED?  U YES 2 NO		RE AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 \( \text{ND} \) ND
SICIA		PITAL:		THER:	ACE OF DEATH (Che					
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	Ba. DATE OF INJURY (Morith, Day, Year)  Ba. PLACE OF INJURY — At building, stc. (Specify)	28b, TIME O	F 28c. INJ WO 1 1	URY AT NA	28d. DES	CRIBE HOW II	NJURY OCCUR		Number,
COMPLETED	and the state of t	to the best of my knowledge,				N/A	(se(a) end man			
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND THE OF CENTIFIED  29c. LICENSE NUMBER  29d. DATE SIGNED (Myfrith, Day, Year)  101/1992  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	31. DATE FILED (MONTH, Day, MAN)  NOV 1 9 902	2. REGISTRAR'S SIGNATURE	Byrn Bul	5+ C	ambridg	2011	Md.	21613	3	

V2 -1- (1)

5. 9

31. DATE FILED (Month, Day, Year)
NOV 19 99

DIVISION OF VITAL RECORDS P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	It The taw makes the dam certificate be executed within 24 hours a	10	the State Dept. of Hear	Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this o	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked,

	FOR STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	TMEN	TOF	DEA	AND I	MENT	REG. N		1	33639
	1. DECEDENT'S NAME (First, A	1)	TAYL	OR		TA	YLOR			2. DAT MON	e of Death	16	HEAR 2	3. TIME OF DEATH
	263-18-1	455	5. SEX 1 <u>M</u> M 2 ☐ F	6. AGE (In yrs. 74	last birthday) VRS.	IF UND MONTHS	ER 1 YEAR DAYS	F UNDER	MIN.	(Mor	OF BIRTH ith, Day, Year) -28-1	8	8. BIRT	HPLACE (State or Foreign try) GA.
									ORCH	ESTER				
		10b. COUNTY	CHESTER	10c. CITY, TOWN OR LOCATION CAMBRIDGE									10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	100. STREET AND NUMBER 701 RACE ST. APT. 210					101. ZIP CODE 109. CITIZEN OF WHAT CO						WHAT COUNTRY?		
	11. MARITAL STATUS  1 Never Married 2 M  3 Widowed 4 Divorce	Never Married 2 Married FORCES? 1 X YES 2					If yes, s	CENDENT CONCERNS 2XXNO	m, Mexica	n, Puerto	N? (Specify Rican, etc.)	Yes or No-		E — American Indian, ik, White, etc. illy: BLACK
	(Specify only I	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTIC life. Do NOT use retired.)												
	17. FATHER'S NAME (First, Middle, Lest)  ANDREW JACKSON TAYLOR  LABORER  TRI-GAS & OIL CO.  18. MOTNER'S NAME (First, Middle, Meiden Surneme)  LEVY KIESEY													
ANGIE BELL WOOLFORD  LEVY KIESEY  196. INFORMANT'S NAME (TyperPrint)  ANGIE BELL WOOLFORD  196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  410 B CHARLES ST, CAMBRIDGE, MD. 21613										13				
	20a, METHOD OF DISPOSITIO 1 10 Buriel 2 Cremation 4 Donation 6 Dother (S	3 Remo	oval from State	20b. PLAS cametery,	CEAND DATE	OF DISPO	OSITION /M	eme of		DA	TE 20c.	LOCATION -	- City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY BENNIE SMITH FUN. SERVICE P.O. BOX 691  DOVER, DE. 19963  23. PARCE. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate										JN. SERVICE			
	23. PART. Enter the disabock, or head immediaTE CAUSE (Final disease or condition resulting in deeth)	ert fellure. I	let only one cou	monary Mon	edem	not entida	or the mo	em	ing, auc	h aa ce				Approximate interval Betwee Onset end Deat
	Sequentially list condition if eny, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	ate G	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Adute renal Railure FALLURE  DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST													
	PART II. Other algnificent conditions contributing to deeth but not recuiting in the underlying cause given in Part I.  ATHEROS CACROTIC HORR TO DISCORDED 1 VES 2 DAY  TYPE TI DIABOTOS MERLA LITUS  246. WAS AN AUTOPSY PERFORMED?  1 YES 2 DAY  1 YES 2 D													
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHE	ER:	LACE OF D			ne) er (Specify)		_	
	27. MANNER OF DEATH  1 Natural 5 Pa 2 Accident Im	ending restigation	26e. DATE OF (Month, D	INJURY	28b. TIN		28c. IN.	JURY AT DRK? YES 2			SCRIBE NO	V INJURY O	CCURED	
	4 Homicide de	ould not be termined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, term,	street, fa	ctory, offic	•		261. LO Ch	CATION (Street or Town, Ste	et end Numb te)	er or Rural i	Route Number,
			AN: To the best of a											e) end manner ee stated.
	296. SIGNATURE AND TITLE O	F CERTIFIER	Wora	M				B	366	£60	)	11	117	(Month, Day, Year)
	MICHAGE	EBSON WHO	COMPLETED CAN	of DEATH O	FOR AVE	Stre	gt 7	Car	nbri	ige,	MD 2	1613	0	2/6/3
I	31. DATE FILED (Month, Day, Ye	ar)	32. REGISTRA	R'S SIGNATURI									-	

Lika Davidson-Randell

DIVISION OF VITAL RECORDS, P.O. BOX 13149,	DALIMORE, MARTLAND ZIZUS-3140
TO THE HOSP TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by	SICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEYAL DIRECTOR, After this certificate has been signed by the attending physicia	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within https://death.with the State Dept. of Health and Mental Hyglene prior to burial. cremation, or removal.	ior to burial, cremation,, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other tra	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- 2 '92

Evangelista,

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.												
	1. DECEDENT'S NAME (First, Ruth	Middle, Last)	Thom	AS						OATE OF DEATH	7 9	3. T	5 45 PM
	4. SOCIAL SECURITY NUMBER 213-74-758		5. SEX 1 M 2 X F		yrs. lest bir 98	thday) IF UI YRS. MONT	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	0	ATE OF BIRTH Month, Day, Year) 5/02/1894		BIRTHPLA Country) Maryl	ce (State or Foreign
2		9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Manokin Manor Nursing Home  Princess Anne  Somerset											
010	RESIDENCE OF DEC					De. CITY, TOY						I. INSIDE CITY	
DIRECTOR	MD	MD Somerset				DE. CITT, TOT		Island			LIMI		LIMITS?  YES 2 X NO
FUNERAL	100. STREET AND NUMBER Hotel Ro	oad -	P. O. Bo	x 75			-1	21821			10g, CITIZEN OF WNAT COUNTRY?  USA		
B₹		11. MARITAL STATUS  1 Never Married 2 Merried 5 Merried 1 IF YES, GIVE WAR OR DATES  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 MARINE IF YES, GIVE WAR OR DATES					If yes, s	CENDENT OF HISP/ pecify Cuban, Mexic S 2 NO Spec	an, Pu	RIGIN? (Specify Yea arto Rican, atc.)	or No- 14	Black, WI	American Indian, hite, atc. White
COMPLETED	15. DECE (Specify only Elementary/Secondary (0-	DECEDENT'S EQUICATION y only highest grade completed) siry (0-12) College (1-4 or 5 +) HOUSEWIFE							16b. KIND OF BUSINESS/INDUSTRY				
MP	Grade 6	della Lanti			НО	usew1:	re	T 40 MOTHER N	AME (	At Ho			
BE CC		John Northam  18. MOTHER'S NAME (First, Middle, Last)  Elizabeth Corbett											
10 8	19a, INFORMANT'S NAME (7)		device	ton	19b, M				al Route Number, City or Town, State, Zip Code) Cdefg				
20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION (Name of cometery, crematory or other place)  20s. METHOD OF DISPOSITION (Name of cometery, crematory or other place)									State				
4 Donation 5 Other (Specify) St. Paul's Cemetery 10/30/92 Wenona, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
	1 Ro	but	4. 93	ul	Leeu	2)				s Funera			21817
	shock, or he	23. PART I. Entar tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel									Approximate Interval Between		
	Cardio Respiratory Arrest												
Z	Sequentielly list conditions,												
ATIO	If eny, leeding to immed cause. Enter UNDERLYI	diate NG	OUE TO	(OR AS A	CONSEQUE	NCE OF):	1						
CERTIFICATION	CAUSE (Disease or Inju that initiated events resulting in death) LAS	·	OUE TO	(NR AS A	CONSEQUE	NCE OF):							
	PART II. Other algolitica	nt condition	s contributing to	deeth bu	ut not resu	ulting in th	underlyl	ng ceuse given i	n Part	1. 24a, WAS AN	AUTOPSY	24h WE	RE AUTOPSY FINDINGS
CAL										PERFOR	MED?	AW/	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MED													YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEOICAL					26.	PLACE OF DEATH (	Check o	nty one)			
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpo	atient 3 🗆	DOA 4	HER:	me 5 🗆 Residence					
BY PH		Pending investigation	28e. DATE Of (Month, i	F INJURY Day, Year)	2	8b. TIME OF INJURY	٧	JURY AT /ORK? YES 2 NO	280	I. DEȘCRIBE HOW I	NJURY OCCU	RED	
	3 Suicide 8	Could not be detarmined	28a. PLACE ( building	OF INJURY , atc. (Speci		, farm, street	factory, of	Ice	281	. LOCATION (Street : City or Town, State)	and Number or	Rural Route	Number,
COMPLET	const. only		CIAN: To the best of										d manner as stated.
BE CO	29b. SIGNATURE AND TITLE			1				290 LICENSE N				SIGNED (M	orith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED SMISE OF DEATH (ITEM 27) (June Brief)												

MUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Guha Saindson Randage

r., M.D. - 324 W. Main St. - Crisfield, MD

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THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	searchtests, is team 20 to marked on bloom 22 shows one fallow or other trainmette event the madical of
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	1 - STATE REGISTRAR	TATE OF MARYLA		TMENT OF H		IENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	س ابا	T11			2. DATE OF OEATH MONTH DA	Y YEAR	3. TIME OF OEATH		
	MARY ElizAb		Vrs. lest birthdev)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 92	RTHPLACE (State or Foreign		
	The state of the s	□ M 2 X F 80		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) July 6, 19	Co	Marvland		
	9e. FACILITY NAME (If not institution, give street e	end number)	1	9b. CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY O			
DIRECTOR	Shady GROVE Adve	actist hos	ipita 1	Rocky	ille		More	tomery		
REC	10e. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCAT			10d. INSIDE CITY LIMITS?			
	Maryland Mor	ntgomery			rsburg		1 🔀 YES 2 🗌 NO			
FUNERAL	Asbury Methodist Ho	ome		101.	20879		10g. CITIZEN OF WHAT COUNTRY?			
8	11. MARITAL STATUS 12.					C ORIGIN? (Specify Yee	or No.— 14. R	ACE — American Indian, lleck, White, etc.		
ВУ Е		1 DANO		2 NO Specify:			pocally: White			
	15. DECEDENT'S EDUCATION	ON	18b. KINO OF BUS	SINESS/INDUSTR						
COMPLETED		ollege (1-4 or 5+)	Ille. Do NOT us		st of working	Baltimo	re Cour	ity		
M₽	H. S. Graduate 2	years	Schoo1	Teacher		Board o	of Educa	Education		
	Benjamin W. Nelson				18. MOTHER'S NAME (First, Middle, Melden Surmeme) Elizabeth Blizzard					
BE	19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
٩	Melvin E. Tull, Jr.	<u> </u>				ace- Gaith				
	20a. METHOD OF DISPOSITION 11 _ 01 _ 1 M Buriel 2 □ Cremellon 3 □ Removal 4 □ Donation 5 □ Other (Specify)	-92 from State	other place)	SITION (Name of cen		20c. LO	CATION — City o			
	21. SIGNATURE OF FUHERAL SERVICE LIBERS		nnyriage		ND ADDRESS OF FAC		0.00	eld, MD		
	· Kollto Bu	leuf	_			ns Funeral t. – Crisf		1D 21817		
	23. PART I. Enter the disesses, or comp shock, or heart failure. List	plications that caused						Approximate Interval Between		
	IMMEDIATE CAUSE (Fine)	6 O	) ma	and	2.1			Onset and Death		
	disease or condition resulting in death) e	Clerk	CONSEQUENCE O	0000	31					
,	- audous									
9	Sequentially list conditions, If any, leading to immediate    Due to (on as a consequence of):									
S	CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in deeth) LAST	Rusture	2 th	dienen	Davit	te aneu	MA			
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.   24s. WAS AN AUTOPSY   24b. WERE AUTOPSY FINDINGS									
CAL	counter	~ Hel	art	Juse	one	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MED	anuri	a						1 YES 2 NO		
ä	By po 1C6	llemia	7							
PHYSICIAN: MEDIC		OSPITAL:		OTHER:	LACE OF DEATH (Chi	The second secon				
HYS	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIN	E OF 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCURE	D		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, offic	÷0	286. LOCATION (Street City or Yown, Stele)		ural Route Number,		
ET	200 CENTIFIED 1	<u> </u>								
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: O							use(s) and manner as stated.		
	294 SIGNATURE AND TITLE OF CERTIFIER	1000	N	'n	29c. LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year)		
TO BE	July (	Mell	- / /.	ク	2056	02	<b>•</b>			
F		OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type /0 2 /5	- Fern	wood	RdBer	Hesd	A, md.		
	31. DATE FILED (Month, Day, Year)  NOV - 4 *92									

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification to the hospital of the hospital or the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending processing and considered filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)  Maude	W. Tyler				2. DATE OF DEATH		3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER 220-03-6495	1 □ M 2 12 15 15	85 YRS.	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 09/03/07	8. BIRT	HPLACE (State or Foreign			
TOR	90. FACILITY NAME (# not institution, give still Edw. W. McCready )			Crisfi	eld	EATN	9c. COUNTY OF I				
DIRECTOR	10a. STATE 10b. COUNTY	erset	10c. CITY, T	OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YYES 2 NO			
FUNERAL	192 Somers Co	ove Apts.		101	ZIP CODE 21817		10g. CITIZEN OF	WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 <b>Y</b> O	If yes, sp	ENDENT OF HISPA scify Cuben, Maxico 2 NO Specia	NIC ORIGIN? (Specify Yean, Puerto Rican, atc.)	14. RAC Blac Spec	E — American Indian, k, White, alc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ON st of working	166. KIND OF BUSINESS/INDUSTRY  At Home								
E COMF	Grade 9 Homemaker At Home  17. FATHER'S NAME (First, Middle, Last)  John Thomas Ward  Nancy Elizabeth Mason										
TO BE	190. INFORMANT'S NAME (Type/Print) Nancy E. Sterling	(daughter)			nd Number or Rural	Route Number, City or Tox	vn, Stete, Zip Code)	17			
	Nancy E. Sterling (daughter)  20e. METHOO OF DISPOSITION    Surfel 2   Cremation 3   Removal from State     Date   Constitution   City or Town, Slate										
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN	shaw & S	CILITY		sfield, Md. 21817			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, above, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)										
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  CHRONIC OBSTRUCTIVE PULMONARY DISEASE  ARTERIOSCLEROTIC HEART DISEASE  248. WAS AN AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO										
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 VES 2 NO									
	3 Suicide 8 Could not be 4 Nomicide delarmined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, streat, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, building, size, systems).									
COMPLETED		IAN: To the best of my knowle : On the bests of examination						) and manner as stated.			
TO BE C		Mk Sellan hu					29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  1/-3-92				
	Dr. Gregorio Bel	loso, McCrea	dy Hospita		sfield,	Md. 21817					
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE Randolle								

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and by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the man Mental Higher prior to burial, chamation, or removal.

TO THE HOSPITAL OR ATTENDING PHYSICAN. THE INVARIANT DEFENDING THE DESIGNATION OF THE HOSPITAL OR ATTENDING PHYSICAN.

TO THE FUNERAL DIRECTOR: After this centrices has been signed by the attention physician and conserved filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Defend has made and Mental Hygens prior to burial, committion, or removal.

IMPORTANT: If item 28 is marked, as there 23 should amy injury, or other transmistic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIFI	TMENT OF H	IEALTH AND I	MENTAL HYGIEN					
		ssie May Tyler				2. DATE OF DEATH	8,1992 YEAR	3. TIME OF DEATH 4 p.m. M			
	4. SOCIAL SECURITY NUMBER 215-32-0752	-32-0752 1□M2×F 74		# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HMS. HOURS MINI.	7. DATE OF BIRTH (Morth, Day, Year) Jan. 8, 1	918 Nor	th Carolina			
TOR	9a. FACILITY NAME (If not institution, give st 19 Mt. Wilson RESIDENCE OF DECEDENT			Pikes	OR LOCATION OF DE	АТН	9c. COUNTY OF C	eath imore			
DIRECTOR	10a. STATE 10b. COUNTY	imore	10c. CITY	Pikesvi				10d. INSIDE CITY LIMITS? 1 YES 2 YO			
FUNERAL	10e. STREET AND NUMBER Box 8829 Pik		101	21208	10g. CITIZEN OF						
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 M Divorced	S. ARMED	If yes, sp	ecity Cuban, Mexicar 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	Blac	- 14. RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		11.		A CONTRACT OF THE PARTY OF THE	emaking					
	17. FATHER'S NAME (First, Middle, Last) Cal Bates		nouse	WITE		ME (First, Middle, Maiden zie Black					
TO BE	19e. INFORMANT'S NAME (Type/Print)  Margie Heinz					Rd., Sykes		ld. 21784			
	20c. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION/Name of Committee, prematory or other place.  20c. LOCATION — City or Town, State  20c. LOCATION — City or										
	21. SIGNATURE OF PUNCHAL SERVICE LIC	bliaidh	_	22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 21117 11605 Reisterstown Rd., Owings Mills, Md.							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, abook, or heart feliure. List only one cause on each line.  Approximata interval Between Onset and Death disease or condition resulting in death)  a. Accuse Resolution										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  LUMCH UNDERLYING OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
AL	PART II. Other significant condition	s contributing to death but r	foot resulting in	n the underlying	g cause given in l	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO										
BY	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 4 Homicide 15 Pending Investigation 5 Pending Investigation 6 Could not be determined 286. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 286. LOCATION (Street and Number or Bural Route Number, City or Town, Stete)										
COMPLETED		CIAN: To the best of my knowledge R: On the basis of axamination en						i) and menner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER S - D - A-U	JLA	M.D		29c. LICENSE NUM	402	29d. DATE SIGNED	19.97			
	30. NAME AND ADDRESS OF PERSON WHO	AUJLA		Print) O DC D	COUR 7	- RA	RAMI	or 65 Town			
	31. ANON FILED (Month Com Your)	932. REGISTRAR'S SIGNATUR	RE				4	-1137			

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BALTIMORE, MARYLANG	ained by	TO THE FUNEFAL DIRECTOR. After the conflictor has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by East within 72 hours after death within and Marrist Heritage and on the fill the complete or sentenced.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI CERTIFICA			NTAL HYGIENE REG. NO.		4			
1. DECEDENT'S NAME (First, Middle, I				2.	DATE OF OEATH MONTH DAY	7992	3. TIME OF OEATH			
4. SOCIAL SECURITY NUMBER 214-05-2212	5. SEX 6. AGE (	5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F YRS. MONTHS DAYS HOURS MIN. (Month, Day, Weer)								
6 Cheston Aven	Cheston Avenue Annapolis Anna									
	ne Arundel		apolis			10d, INSIDE CITY LIMITS?  1) YES 2 NO				
6 Cheston Aven	ue		101. ZIP CC	21401		JSA				
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 YES	12. WAS DECEMENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES  13. WAS DECEMENT OF HISPANIC ORIGIN If yes, specify Cubert, Maxican, Puerto R								
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	life. Do NOT use retin	one during most of wo	riding	16b. KINO OF BUSIN		,,,,,,			
17. FATHER'S NAME (First, Middle, Las	1	Floris	Retail First, Middle, Meiden Su							
James E. Stewa			10. 100		Hebb Russ					
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	RESS (Street and Num	ber or Rural Route	Number, City or Town,	State, Zip Code)				
James H. Trade		103 Pic		.Clark	sburg, We	st Virg	inia 26301			
206. INLACE AND DATE OF DISPOSITION   DATE   206. LOCATION - City or Town, State   10 Deposition   0 Other (Specify)   DATE   206. LOCATION - City or Town, State   10 Deposition   0 Other (Specify)   DATE   206. LOCATION - City or Town, State   10 Deposition   DATE   DEPOSITION   DATE   DEPOSITION   DATE   10 Deposition   DATE										
23. PART I. Enter the diseases, shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death)	are. List only one cause on ea	the death. Do not entitle line	A A	dying, such as	cardiac or respire	tory arrest,	Approximate Interval Between Onset and Death			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	6.	CONSEQUENCE OF:	Me (Muly)	CAN	nan	omb	2 7/1/			
PART II. Other significant cond	itions contributing to death bu	ut not resulting in the	underlying cause	e given in Pari	1. 24s. WAS AN AS PERFORMA 1 YES 2	107	b. WERE AUTOPSY FRIDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 VES 2 NO	HOOPTIAL: OTHER:									
27. MANNER OF PEATH	1 □ Impatient 2 □ ER/Outpetient 3 □ DOA 4 □ Nursing Home 5 □ Tealtience 6 □ Other (Specify)  28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW MJURY OCCURED									
1 Flatural 5 Pending 2 Accident Investigat 3 Suicide 8 Could no	(Month, Day, Max)  NUMBY  M  1 VES 2 NO  286. NOATION (limet and Mo						Brode Number			
4 [] Homicide determine	o four be building, etc. (Specify)  City or Rein, State)									
(Check any 1 ET CENTIFYING P	HYSICIAN: To the best of my knowledge. On the basis of examination	edge, death occurred at the Andrew Investigation, in a	he time, date and pla ny opinion, death occ	ce, and due to If	te cause(s) and menne , date and place, and o	r as stated. Sue to the cause	ng and majorar as atated.			
296. SIGNATURE AND TITLE OF CERT	Mand C	ulsm	2) 296. 6	3// 8	1	M. DATE SIGNE	17/9 C			
Richard Colgan	, M.D. 600 Rid	igl V Avenu	e #120 A	nnapoli	s, MD 214	01	1			
31. DATE FILED (MOON DOV'N 9	1992 FUNE JUNE	TURE Handell								

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RESORDS, P.O. BOX 68	the death certificate be execu	
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DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The second at the death certificate be execut	

	9	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH															
		Marie Emma Vandervort									Oct						
		4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	YEAR	IF UNDE	R 24 HRS.		OF BIRTH		. BIRTNPL Country)	ACE (State or Foreign		
P		211-30-98		1 M 2 TF	84	YRS.			71.27		May	20,1	908		PA		
3 should	_	Ba. FACILITY NAME (If not in:	stitution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEAT					ATH 9c. COUNTY OF DEATH					
2,	СТОВ	345 Cypres	ss St	reet			M-	11	ing	ton.	MD		Kei	nt			
es ,	REC	10a, STATE	10b. COUNT			10c. CIT	Y, TOWN O	LOCAT	TION					10	od, INSIDE CITY		
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permit. Pages	AL	10s. STREET AND NUMBER						101	. ZIP COD	Œ			10g. CITIZI		AT COUNTRY?		
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burial-transit	FUNER	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. AI		13. W	AS OEC	ENDENT	OF HISPAI	IC ORIGI	N? (Specify Yes			American Indian, White, atc.		
the bu	BY	1 Never Married 2 3			MAR OR DATES					Specif		HICBH, etc.)		Specify:			
as th	ED		EDENT'S EDU	CATION	160 D	CEDENTIO	USUAL OC	CHERTIC	201		1 40				White		
or use	ETE	(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5	(0		work done di			ing	16b. KIND OF BUSINESS/INDUSTRY						
hed fit		11	12,	College (1-4 or 5		user	vife					NXXXX Home					
detach once.	COMPL	17. FATHER'S NAME (First, Mil	iddle, Lest)						18. MOT	HER'S NA	ME (First,	Middle, Malden	1				
2 %	ш	George H	. Shi	rey					Ma	ary	Sni	tchli	ne				
shoul	TO B	19a. INFORMANT'S NAME (Ty										nber, City or Tow					
ge 5	1	Richard N	W. Va	ndervor	ct,SR	345	Сурі	es	s S	t.,	Mil	lingt	on, M	2	1651		
ector, page 5 should must be notified		20a. METHOD OF DISPOSITION 1 1 DISPOSITION 1 COMMENT 2 COMMENT 1 DISPOSITION 1 DISPOSI	ON n 3 □ Rem	oval from Stata	20b. PLACE	AND DATE	OF OISPOSIT	TION/Na	ma of		DA	TE 20c. LO	CATION — CI	ty or Town,	State		
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the funeral director, page 5 should be detached for use as yal.  se as mainer must be notified at once.	- 1	at animature of regional	)	Il 1		,						1 Hom	e P	Δ	21651		
he fu		Fellows Funeral Home, P.A. 21651 370W. Cypress St., Millington, MD															
d in by the or removal medical		23. PART I. Enter the diseases, or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only as cause on each line.  Approximate interval Between															
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th and Menta th and Menta any Injury,	MEDICAL	PART II. Other algnifican	1 ( < \	PAID DO	death but not	reaulting	in the und	erlying	cause	given in	Part I,	24s. WAS AN PERFOR		AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO		
Health and Income any In	ă	HYPONAT			MIE					-	_	1 - YES 2	NO		MPLETION OF CAUSE DEATH?		
9 6	- 1					105					_			11	VES 2 NO		
Pep C	A	CONGEST 25. WAS CASE REFERRED TO		HEMICI	PAIL	ure		20 84	ACE OF B	EATH ON							
the State Dept or Item 23	Sic	EXAMINER?		HOSPITAL:	FR/Outpetient 2	□ DO4	OTHER			EATN (Ch							
d, or	PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM		Bc. INJ	URY AT	sidence	_	SCRIBE HOW I	NJURY OCCU	RED			
er this	ВУР	1 Natural 5 F	Pending nvestigation	(Month, E	Jey, Year)	IN.	URY		RK? (E\$ 2 [	□ NO							
JOR: After this cafter death with 28 Is marked,	0	3 Suicide 6 C	Could not be	28e. PLACE C	OF INJURY — At he etc. (Specify)	me, ferm,	street, factor	y, office			28f. LOC	CATION (Street a	and Number or	Rural Rout	e Number,		
	ETE	4 Homicide d	letermined								Uny	or lown, state)					
hours Item	7	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge, de	eth occum	ed at the tim	e, data	and place	, and due	to the ca	use(a) and mar	mer sa stated				
FUNERAL within 72 I	COMPL														nd manner as stated.		
TO THE FUNER be filed within IMPORTANT:	ш	296 SIGNATURE AND TITLE	OF CERTIFIEF	0					29c. LIC	ENSE NUN	BER		29d. DATE S	SIGNED (Me	onth, Day, Year)		
TO THE be filed IMPOR	0	10th /8	M	Me 1	S				Da	115	87	7	D 10	-23	3-92		
	5	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)										

32. REGISTAGR'S SIGNATURE
Junia Davidson-Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

31. DATE FILED (1011) 03 (U1) 92

BALTIMORE, MANYLAND 21215-0020	ormay remained by the hospital or attending physicial settle one 5 period be detached for use as the burlal-tr	must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page and the hospital or attending physician and completely filled in by the funeral directions. The certificate has been signed by the attending physician and completely filled in by the funeral directions are the during the burlature of the complete of th	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH			3. TIME OF DEATH
	MARIAN ELL	EN STEV	ENS VA	AN WA	GON	ER		MON	-14-1	992	YEAR	7:30 a.m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER		IF UNDER 24 HRS.	7. DAT	E OF BIRTH	//-	B. BIRTH	PLACE (State or Foreign
3	214-14-9183	1 🗆 M 2 🖵 F	72	YRS.	MONTHS	DAYS	HOURS MIN.	(Mo	oth, Day, Year) 0-13-1	920	Country	ryland
_ 2	9a. FACILITY NAME (If not institution, give at	treet and number)			9b. CITY	r, TOWN	OR LOCATION OF					V
DIRECTOR	4004 Cooks Lan	e			El	lic	ott Ci	tv		Hov	vard	County
ភ្ជ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		40 - 077	Y, TOWN (							-
2											- 1	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	rd Cour	I. 6,y	-CL-1	Ilicott City					40- DIT	7511 05 11	1 YES 2 NO
R	4004 Cooks Lan	۵			21043						ISA	HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS OECEDEN	IT EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT OF HISP	ANIC ORIG	IN? (Specify Yes			- American Indian,
4	1 Never Married 2 Married					2 NO If yes, specify Cuban, Mexican,					Black	white, etc.
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	17. FATHER'S NAME (First, Middle, Last)		II.(	Jmema	ker				Own :		3	
	Charles	54	evens				18. MOTHER'S N		. Middle, Meiden			
BE	19a. INFORMANT'S NAME (Type/Print)	2		96. MAILING	ADDRESS	S (Street s	nd Number or Rura				Codel	
2	Ms. E. Meliss	Van Was										, MD 21043
	20s. METHOD OF DISPOSITION		20b. PLACE	EANDDATE	OF DISPOS	SITION /No		_		CATION —		
	1 Burial 2 Cremation 3 Remo	oval from State	cornetery, c	rematery or of	ther place)	emo	rial G	dn 1	1/17/	92 1	arr	iottsville
	21. SIGNATURE OF PUNETIAL SERVICE LIC	ENSEE	/		22.	NAME A	ID ADDRESS OF F					יעווו
	* physicaller	/len	MIC	00535			Fllico		lack			d 21043
	23. PART I. Enter the diseases, pr	omplications the	t caused the d	leath. Do n		the mo	de of dving, su	ch as ca	rdiac or respi	ratory an	est.	Approximata
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	that initiated events resulting in death) LAST	202 10	(DII AO A GONSI	EQUENCE OF	<i>y</i> .							
<b>B</b>												
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5 1		one Caran	ovascuio	ir Dise	ase				1 TYES 2	XNO		COMPLETION OF CAUSE OF DEATH?
Z L											1	1   YES 2   NO
PHYSICIAN:												
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	p.	ACE OF DEATH (C					
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6	2 Accident Investigation						ES 2 NO	201.10	CATION (Stead o	and Alexandra	or Dumi D	auto Mumboo
3	3 Culolda	28e, PLACE O		, street, factory, offics				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, d								Cit	y or rown, craicy			
	3 Suicide 6 Could not be determined  29s. CERTIFIER 1 CERTIFYING PAYOU	building,	atc. (Specify)		Little s			Cit			0	
IMPLE	4 Homicide determined  29e. CERTIFIER (Check only 1	CIAN: To the best of	my knowledge, o	Seath occurre				cit	suse(s) and man			and manner or stated
COMPLEIED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of s	my knowledge, o	Seath occurre			eath occured at th	e to the c	suse(s) and man	d due to th	e cause(s)	
2	4 Homicide determined  29e. CERTIFIER (Check only 1	CIAN: To the best of s	my knowledge, o	Seath occurre			eath occured at the	re to the cone time, da	suse(s) and man	d due to th	e cause(s)	(Month, Day, Year)
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2	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of s	my knowledge, c xamination and/o	leath occurre r investigatio	n, in my c	opinion, d	29c, LICENSE NI D33448	re to the come time, da	suse(s) and man	29d. DAT	E SIGNED	(Month, Day, Year)
2	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	CIAN: To the best of s  COMPLETED CAU  COMPLETED CA	my knowledge, c xamination and/or SE OF DEATH (IT) P.A	Seath occurre r investigation EM 27) (Type,	n, in my c	opinion, d	29c, LICENSE NI D33448	re to the come time, da	suse(s) and man	29d. DAT	E SIGNED	(Month, Day, Year)
2	29e. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO Kenneth H. Willi	CIAN: To the best of s  COMPLETED CAU  COMPLETED CA	my knowledge, c xxamination and/o	Seath occurre r investigation EM 27) (Type,	n, in my c	opinion, d	29c, LICENSE NI D33448	re to the come time, da	suse(s) and man	29d. DAT	E SIGNED	(Month, Day, Year)

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 62, wours after death. Page 6 may be not	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page \$8.000.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be net

all or attending physician. for use as the burish-base permit, Pages 1, 2, 3 should

21203-3146

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	E			
1	1. DECEDENT'S NAME (First, Middle, La	ist)				2. DATE OF OEATN MONTH DAY		3. TIME OF OEATN		
- 1	Vernon I.	Vereen	T.			Nov. 20		0315 M		
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRT Coun	NPLACE (State or Foreign try)		
	262 05 4384 9s. FACILITY NAME (If not institution, gl		O YRS.		10/17/02 Miami, Fi					
S S	Union Hospi	ita1			Elkton.	Cecil				
ច្ឆ	RESIDENCE OF DECEDENT		40° OLEN	TOWN OR LOCAT	TAN .			10d, INSIDE CITY		
DIRECTOR	Florida	Polk	10c. CITT,		Lake Wai	les		LIMITS?		
FUNERAL	10e. STREET AND NUMBER			101	, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
à l	846 Hillsi	d - Avenue			33853		11 0	2		
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NILE ABUED	T 40 MMC DEC		IO ODIONIS (Caralla Van	U.S	• A •		
BY FU	1 Never Merried 2 Merried FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES A			If yes, sp	ecity Cuban, Mexicar  2 NO Specify		Blac	ck, White, etc.  White		
ا ۵	15. OECEDENT'S E		16a. DECEDENT'S U	BUAL OCCUPATION	ON	16b, KINO OF BUS	INESS/INDUSTRY			
COMPLETED	(Specify only highest gi	rade completed)		k done during mo						
ا ټ	Elementary/Secondary (0-12)	College (1-4 or 5+)								
ŝ	12	11	Propert	y Man			Estate			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAI	ME (First, Middle, Maiden	Sumame)			
BE	Jeremiah C.	Vereen			Agnes	Hardie				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street I		loute Number, City or Town	n, State, Zip Code)			
2	Jessie Louise	Androwe	253 E	Main	C+ F	lkton. Md	2102	1		
	20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT				CATION — City or 1			
	1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	lemoval from Stata	other place)				,			
	21. SIGNATURE OF FUNERAL SERVICE	E I IOENGEE	R.A. F		& CO.,			ter, Pa.		
	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE			Funeral	/50	E. Ma	in St.,		
		) en		Gee 1	unerar	Home Elk	ton, M	d. 21921		
CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failure in the disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE O TOTOR AS	A CONSEQUENCE OF:	Alexander C	punda Sand	Tollil	Woole	Interval Batween Onset and Death		
쁜	that initiated events	OUE TO (OR AS	A CONSEQUENCE OF)	7	7	11 11	7 11	/		
H	resulting in death) LAST	d	(on	Seal	we	Heart	Full	ne		
	PART II. Other algnificant condi	tions contributing to death	hut not resulting in	the underlyin	a cause alven in	Part I. 24s. WAS AN	ALITOPSV 2	b. WERE AUTOPSY FINDINGS		
BY PHYSICIAN: MEDICAL				The windonym	g cause given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2		
۱ ≥	25. WAS CASE REFERRED TO MEDICA	uL		26. P	LACE OF DEATH (Ch	eck only one)				
잃	EXAMINER?	HOSPITAL:		OTHER:	5 D B - 14	« □ out ∞ × 1				
¥	27, MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME		ne 5 🗆 Rasidence	28d. DESCRIBE HOW I	N SIBY OCCUPEO			
34 PF	1 Natural 5 Pending	/Morith, Day, Year)	INJU	M 1 🗆	YES 2 NO	286. DESCRIBE HOW I	NJURY OCCUREO			
28e. PLACE OF INJURY — At home, farm, street, factory, office  28f. LOCATION (Street and Number or Rural Route Num City or Town, State)  28f. LOCATION (Street and Number or Rural Route Num City or Town, State)  28f. LOCATION (Street and Number or Rural Route Num City or Town, State)  28f. LOCATION (Street and Number or Rural Route Num City or Town, State)  28f. LOCATION (Street and Number or Rural Route Num City or Town, State)  28f. LOCATION (Street and Number or Rural Route Num City or Town, State)  28f. LOCATION (Street and Number or Rural Route Num City or Town, State)										
۳ ا	29a. CERTIFIER , C. Serriconous	To the best of the property				The Section Column				
OMP	former and	NYSICIAN: To the best of my kelos MINER: On the basis of examinati	/ /					o(s) and menner as stated.		
0	296. SIGNATURE AND TITLE OF CERT	IFIER /	1	•	29c. LICENSE NUM	ABER .	29d. DATE SIGNE	ED (Month, Day, Year)		
BE		. ( X/	1111-		D0618	1		0/92		
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CARSE OF I	FATH (ITEM 27) (Suns	neint)	L DOOLO.		11/4	0/ 74		
	4			1			m 0300			
		anzi, M.D.		age S	treet,	Elkton, A	1D 2192	1		
0	31. DATE FILED (Month, Day, Had) NOV 20 '9'	32. REGISTRAR'S SIG	vidson-Randa	902						
		0				-		DHMH-16 Rev 1/89		

- 05

DHMH-16 Rev 1/89

has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be to the sith and Mental Hygiene prior to burial, cremation, or removal.

Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

menum. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR BE filed within 72 hours after the IMPORTANT: If Item 28

	1. DECEDENT'S NAME (First, Middle, Last)  JOHN A. WOOD STOCK  2. DATE O										DATE OF DEATH DAY GEAR		3. TIME OF DEATH  5:43 PM
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. les	at birthday)	IF UNDER t		IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.	BIRTH	PLACE (State or Foreign
	137-36-2	2590	1 🔀 M 2 🗆 F	47	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D	ny. Year) -1945		Country	)
	9a. FACILITY NAME (If not in					9b. CITY, T	ry, TOWN OR LOCATION OF DEATH  Sc. COUNTY OF DEATH						
BY FUNERAL DIRECTOR	Anne Aru		Medical C	enter			An	mapolis			U.	S.Z	A
Ä	10a. STATE	10b. COUNT	Y		10c. CIT	TY, TOWN OR	LOCAT	TION					10d. INSIDE CITY
ā	Maryland	Anne A	Arundel					Arnold		LIMITS			LIMITS?
AL	10e. STREET AND NUMBER						_	. ZIP CODE			10g. CITIZEI	N OF W	HAT COUNTRY?
띮	728 Souther	n Hill	ls Drive					210	12		ī	J.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U.S. AR	MED	13. W	S DEC	ENDENT OF HISPA	ANIC ORIGIN? (S	Specify Yee	-		- American Indian, White, etc.
7	1 Never Married 2 3 Widowed 4 A Divo		IF YES, GIVE V							iri, atc.)		Specif	
												Cauc	casain
COMPLETED	15. DEC (Specify on	CEDENT'S EDU ly highest grade	(CATION completed)	(Gi	ive kind of	Work done dur			16b, Ki	NO OF BUS	INESS/INDUS	TRY	
7	Elementary/Secondary (t		College (1-4 or 5	+)	. Do NOT us								
Ž	17. FATHER'S NAME (First, M			At	ttorn	ley	_			Law			
								16. MOTHER'S N	AME (First, Mide	fle, Maiden	Surname)		
BE	John Woodst	Topo/Print)		140	- MAH WA	A DODDEGO (	Da	Mary	Marks	-			
임	9. INFC (ANT'S NAME (Type/Print)  Mr. Pieter Zanecicli  19b. MAILING ADDRESS (Street end Number of Rural Route Number, City or Town, State, Zip Code)  1814 Norton Place Steubonville OH 43952									250			
				20h DI ACE		OF DISPOSITI			DATE	7	E OH	_	
	20a. METHOD OF DISPOSIT  1 Burlel 2 Cremetic  4 Donation	on 3 Rem	ioval from State	cemetery, cre-	metory or o	other place)							
	Metro Crematory 11-12-92 Baltimore, Mary									Maryland			
	1. Sman	CI	Low	1	2			nco & S		1. 49	5 Rito	hie	Hww
_	STILL	6.	1835	Some	2.	Se	ver	na Park	, MD 2	21146			= IIMA.
	23 PART). Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	ohic		Ita tire	ue or dynig, so	Of an Union		atory arrea	ι,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Cadvanced alcahelic heading to participate of the participate o												
	PART II. Other aignifica	int condition	na contributing to	death but not n	eaulting	in the unde	rlying	g cause given is	ause given in Part I. 24a. WAS AN A			24b.	WERE AUTOPSY FINDINGS
EDICAL	severe h	epotor	mecal	chasi	105	cuhal	15	<b>~</b> .		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Σ	- hepati	- ehc	eph-18pc	thy, hy	po 51	yee m	14			20 2	المرادي		OF DEATH?
BY PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE OF DEATH (C	heck only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		e 5 🗆 Residence		nanih d			
\€	27. MANNER OF DEATH		28e. DATE OF	INJURY	26b. TIM	E OF 21	Bc. INJ	URY AT			JURY OCCUP	RED	
1		Pending Investigation	(Month, D	lay, Year)	INJ	JURY	WO	RK? (ES 2 NO					
	2 Cutata	Could not be	28e. PLACE D	F INJURY At ho	me, ferm,	street, factory	y, office		28f. LOCATIO	ON (Street e	nd Number or	Rural R	oute Number,
	4 Homicide	determined	building,	etc. (Specify)					City or T	own, State)			
٦	290. CERTIFIER 1 CERT	FIFYING PHYS	ICIAN: To the best of	my knowledge de	eth occurr	and at the time	a deta	and place and di-	a do dha aassasi				
COMPLETED												ause(e)	end menner ee stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICENSE NU	JMBER		29d. DATE S	IGNED	(Month, Day, Year)
8	150	Zavon	i mo					7726	9		D 11	al	12
2	30. NAME AND ADDRESS DE										. (1	71	
	N.Tavah	. 70:	5 Meluit	- Aur A	thhe	رنادم-	M	1.					
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	LR'S SIGNATION									,
	IV NO	V 17	1992 July	a Davidson	-Hana	مالات							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ARYLAND 21215-0020

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BALTIMORE	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag 6 interests	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral differences and completely filled in by the funeral differences.	ı	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
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9	S N	R. Al	r de	.00
2	ATE	6	afte	28
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem
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	OSP	UNE	ithiu	N
	포	青月	M pe	JAT.
	5 I	5	- P	MP
	-	,	-	-

	1. OECEDENT'S NAME (First, Middle, Last)	SUSIE SARAH	VOLING			2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH	
		2021F SHIVII	TOONG	WHIT	37	Novembe			
	4. SOCIAL SECURITY NUMBER 215–14–3463	1 M 2 🗡 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF BIRTH	A DIG	THPLACE (State or Foreign	
OB	9a. FACILITY NAME (If not institution, give s PENINSULA REGION		1112		CITY, TOWN OR LOCATION OF DEATH SALISBURY  9c. COUNTY OF DEATH WICOMICO				
딦	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	7	10c CITY T	OWN OR LOCAT	ION			10d. INSIDE CITY	
DIRECTOR	MD. WICO			ALISBU	RY		LIMITS?		
¥.	10e. STREET AND NUMBER			101. ZIP CODE				WHAT COUNTRY?	
FUNERAL	RTE.2. BOX 196.	NAYLOR MILL F	ROAD		218		USA		
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe		IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	Big	CE American Indian, ick, Whita, etc. POAMERICAN	
B	15. DECEDENT'S EDU	CATION 10	se. DECEDENT'S US	JAL OCCUPATIO	N .	16b. KINO OF BUS	SINESS/INDUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	st of working				
COMPLET	5th		OSTER CA	RE HOM	E /WICO.	CD. RET	IRED		
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)		
BE C	STEVE	YOUNG				SADIE Y	OUNG		
	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street at	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code)		
2	OTIS WHITE		ADDRES	S SAME	AS ABOV	E			
	20a. METHOD OF DISPOSITION  1  Burlet 2  Cremation 3  Ram		ACEAND DATEOFD				CATION - City or		
	4 Donation 5 Other (Specify)	MTOMBMENT SPE	ry, cremetory or other RINGHILL	MEMORIA	AL GARDE	N 11-11 HE	BRON, ME	).	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  JOLLEY MEMORIAL CHAPEL, RTE. 2, BI								
	SALISBURY, MD. 21801								
	23. PART I. Enter the diseases, or o	complications that paused th	ns dasth. Do not				ratory srrest,	Approximata	
	IMMEDIATE CAUSE (Final	Liet only one cause on each  Ruptured H  OUE TO (OR AS A CO		al Al	prtie ,	gneurys	in	Interval Batween Onset and Death	
MEDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
CERT	resulting in death) LAST	d	~					-	
A	PART II. Other significent condition							b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
50	Arterio Sclero	tic coronar	1 Artery	dis	erse.	1 _ YES 2		COMPLETION OF CAUSE OF DEATH?	
ME								1 TES 2 NO	
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPIJAL:	0	26. PL	ACE OF OEATH (Chi	ick only one)			
XS	1 ATES 2 NO	1 -Hipatient 2 - ER/Outpatk	ent 3 DOA 4	Nursing Home	5 🗆 Raaldenca	6 Other (Specify)			
	27. MANNER OF OEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOI	RK?	28d. OEŞCRIBE HOW II	NJURY OCCURED		
B₹	2 Accident Investigation	28s. PLACE OF INJURY	At home from other		ES 2 NO				
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Specify)	At home, lettin, etter	n, ractory, ornica		261. LOCATION (Street a City or Town, State)	nd Number or Hurs	Houre Number,	
PLE	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowleds	ge, death occurred a	the time date	and place, and due	to the cause(a) and more	nor as stated		
W I	299. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.								
EC	296: SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			D (Month, Day, Year)	
TO BE	Michael P. 180	Chee	ATEM ATEM		D 0200	38	<b>•</b>	o (month, buy, 1047)	
	I 30. NAME AND ADDRESS OF BEDSON WAS			m)					
	30. NAME AND ADDRESS OF PERSON WHO	al Center u	vest,	Salist	bury.	Md. 21	801		
4	31. DATE FILEO (Month, Day, Year)  NOV 0 9 1992	D COMPLETED CAUSE OF DEATH  A CENTE / W  33. REGISTRAT'S SIGNATO  SUMA DAW (1501) - N	vest, a	Salist	bury.	Md. 21	80/		

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.	E			
18	1. DECEDENT'S NAME (First, Middle, Last)	A. Wir	teste	in		2. DATE OF DEATH	, Q	3. TIME OF DEATH  2:20 CLM		
		. SEX 8. AGE (In	yrs. leat birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURIS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Oct. 13	905 M	IRTNPLACE (State or Foreign outry) 1551551DD1		
NG.	9a. FACILITY NAME (If not institution, give street Baltimore Count		ital		R LOCATION OF DEA		9c. COUNTY			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CIT	, TOWN OR LOCAT	ION			10d, INSIDE CITY		
17	Md.		200	Baltimor			1 YES 2 NO			
FUNERAL	1415 Roland He	ights Ave.		101	21211			S.A.		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT/EVER IN U.S. ARMED FORCES? 1 LYES 2 NO IF YES, GIVE WAR OR DATES  WW II			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes of If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:			RACE — American Indian, Black, White, etc.		
TED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION rapleted)	(Give kind of w	USUAL OCCUPATIO	N st of working	16b. KIND OF BUS	SINESS/INDUST	RY .		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Lumber			Co	nstruc	tion		
BE COM	17. FATHER'S NAME (First, Middle, Last) Andrew Win	terstein				E (First, Middle, Maiden garet ?	Sumame)			
70	190. INFORMANT'S NAME (Type/Print)  Margaret M. Wint	erstein	196. MAJLING 1415 R	ADDRESS (Street a	ights Av	e., Baltin	n, State, Zip Cool	d. 21211		
	20s. METHOD OF DISPOSITION  1. Durlet 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Place									
	21. SIGNATURE OF FUHERAL SERVICE LICENS	SEE O All	January V	22. NAME AN	D ADDRESS OF FAC	и лу		21117		
	1 H. J- Tel	Mard	-	1160	5 Reiste		, Owin	gs Mills, Md.		
	23. PART I. Enter the diseases, or com shock, or heart failure. List	nplications that caused it only one ceuse on each	the death. Do n ch line.	ot enter the mo	de of dying, such	as cardiac or reapi	ratory arrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cerebro :	Va Sci	٦٠				Onset and Death		
NO	Sequentially list conditions, 6. Atheroschootic resculed disease									
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DOE TO (OR AS A C	ONSEQUENCE OF	):				ĺ		
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	):						
AL C	PART II. Other aignificant conditions c	ontributing to deeth but	t not resulting i	n the underlying	ceuse given in P			24b. WERE AUTOPSY FINDINGS		
EDIC	D COLLOW Ark	ery diseas	re_	@ 00	junic k	YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
Σ	3 Dubet mo	Olitera Olitera			roich	٩		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATN (Chec	ck only one)				
IVSI		☐ Inpetient 2 ☐ ER/Outpet			5 🗆 Residence 6					
BY PF	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	265. TIME	DF 28c, INJI	RK?	28d. DEŞCRIBE NOW II	NJURY OCCURE	0		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	- Al home, ferm, s	treet, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Ro	ral Route Number,		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowled	dge, death occurre	d at the time, data	end place, and due t	to the cause(a) and man	ner as stated,			
COM	one) 2 MEDICAL EXAMINER: C	On the basis of examination of	end/or investigation	n, in my opinion, d	ath occured at the ti	ime, date and place, an	d due to the cau	rse(s) and manner as stated.		
BE	29h, promature and title/of centimen	20			29c. LICENSE NUME	282_	29d. DATE SIG	NED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	N (ITEM 27) (Type,		Au Co	2000.0 N	co V.	0 011		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE DE	le (ol	NLY OF	which 116	योगाव	2, faltime no		
	NOV 23 92 9	cha Davidson-M	Mindrie							

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1	-	FOR STATE REGISTRAR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE	: OF	DEATH		REG. NO.			
- 2	1. DECEDENT'S NAME (First, Middle, Last) Paul E.	Wright					2. DATE MONTH	OF DEATH	Y	YEAR 92	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX		. last birthday)	IF UNDER		IF UNDER 24 HRS.	-			-	3:41 ам
	213-18-1160 ¹₩™²	□ F 70		MONTHS DAVE MOVING M			(Monti	of BIRTH 1, Day, Year) 14 19	22	Country)	ACE (State or Foreign
_	9a. FACILITY NAME (If not institution, give street and nun	nber)		9b. CITY,	TOWN C	OR LOCATION OF D	EATH			TY OF DEA	
TOP	Memorial Hosp	ital			Ea	ston				Talb	ot
E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	TION				1	Dd. INSIDE CITY
DIE	-	line				Feder	cals	burg	LIMITS?		LIMITS?
FUNERAL DIRECTOR	Dion Road Rt.	2 Box 20	7		101	2163	32	10g. CITIZEN OF WHA			AT COUNTRY?
BY FUN	1 Never Married 2 Married FORCE	ECEDENT EVER IN U.S. S? 1 YES ZY GIVE WAR OR DATES	ARMED	H	yes, sp	ENDENT OF HISPAL ecity Cuban, Mexica 2 X NO Specif	en, Puerto I	? (Specify Yes lican, etc.)	or No-	14. RACE - Black, 1 Specify:	- American Indian, White, etc.
										Cauc	asian
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	180.	(Give kind of a Me. Do NOT us	USUAL OC	CUPATIO	ON ist of working	16b	KIND OF BUS	HNESS/INDI	USTRY	
Ë	Elementary/Secondary (0-12) College (1	-4 or 5+)									
₹ E	11 HS grad 1 y	r.	Masor	1 & :	Far	mer		Mason	ry &	Far	ming
8	18. DECEDENT'S EDUCATION (Specify only highest grade completed)  18. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.)  11. HS grad 1 yr. Mason & Farmer Masonry & Farmi  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surmame)										
BE	Clifton Wright  Martha Trice  19a. INFORMANT'S NAME (Typer/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2											
	Frances Wright 20m. METHOD OF DISPOSITION		Rt.	_							
- 9	1 X Buriel 2 Cremation 3 Removal from S	tate cemetery,	crematory or o	ther place)			OAT		CATION — C		
	21. SIGNATURE OF FUNERAL BETTY CE LICENSED  AND ADDRESS OF FACILITY (SOME, P. A.  DRAWERB DENTON, Ma 2 1629								Π, Μ	aryland	
									29		
	23. PART I. Enter the diseased or complication	na that caused the	death. Do r	not enter	the mo	de of dying, suc	h aa card	lac or respi	ratory arm	est,	Approximate
	IMMEDIATE CAUSE (Final	ne cause on each	line.								Interval Between Onset and Death
	resulting in death) a. M	CREASED  DUE TO (OR AS A CON	SEQUENCE OF	F):		_					5 days
NO	Sequentially llat conditions, b. Large Rt. hemispheric stroke  Due to (or AS A CONSEQUENCE OF):								5 days		
CERTIFICATION		lmonar									5 days
E	that initiated events	DUE TO (OR AS A CON	SEQUENCE OF	<b>ገ</b> ፡	VII. C		-				1400 2
H	resulting in death) LAST	perten	sion								gears.
	PART II. Other algnificant conditions contribu	ting to death but ne	ot resulting i	n the unc	deriying	cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
EDICAL	Acute Kenal Faily	80						PERFOR		C	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ME											YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only on	e)			
Š	1 VES 2 NO 1 Inpett	ent 2 - ER/Outpatien	3 DOA	OTHER		e 5 🗆 Residence	5 🗆 Other	(Specify)			
PHYSICIAN:		ATE OF INJURY Month, Day, Year)	28b. TIM	E OF URY	28c. INJ WO	URY AT	28d. OES	CRIBE HOW II	JURY OCC	UREO	
B	1 Netural 5 Pending 2 Accident Investigation			М		rES 2 NO					
ED	3 Suicide 6 Could not be 4 Homicide determined	LACE OF INJURY — At uliding, atc. (Specify)	home, ferm, s	kreet, facto	ory, office			ATION (Street a or Town, State)	nd Number (	or Rural Rou	te Number,
9	29a. CERTIFIER	Name of the American	4.04			Santillo IVV	250 10	50/2023		W.	
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the base of t										nd manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	2 .	0								1111111111
) BE	M. Christadoss &	applina	h M	1.D		29c. LICENSE NUI			DATE	1/22	lonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEAL	TEM 27) (Type,	Print)	11	ARVE	,	00.	10-	,	0
	31. DATE FILED (Month, Day, Year) 32. RE	YAXNOM	4	03,	14	HKVE	<u></u>	COU	KT,	GF1	STON
	NOV 25 'Q2	dia Navidana	Branda Or								

demonstrate for use as the burial-transit permit. Pages 1, 2, 3 should houptal or attending physician.

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be extended by a hospital or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director case 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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or other traumatic event, the medical examiner must be notified at once.

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
ECEDENTIS MARKE (First Address 1 4)			

REGISTRAR		С	ERTIF	ICATE	OF	DEAT	H	REC	3. NO.		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE.	DAY	YEAR	3. TIME OF DEATH
SHARON ANN WINST								11	16	92	
	5. SEX	6. AGE (In yrs. I		_	-	HOURS	24 HRS.	7. DATE OF BIR (Month, Day,	TH (bar)	8. BIRTI	HPLACE (State or Foreign ry)
227 30 0372	1 M 2 F	41	YRS.					(Month, Day, 3/1	8/51	Oh	io
9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY,	TOWN OF	LOCATIO	ON OF DE	EATH	9c. C	OUNTY OF E	DEATH
7117 Rolling Bend	Rd.			Baltimore							
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			10c CD	TY, TOWN OF	RIOCATI	ON.	_				10d. INSIDE CITY
Maryland				Baltimore							LIMITS?
10e. STREET AND NUMBER			1	)aıtı		ZIP CODE		_	100	CITIZEN OF	WHAT COUNTRY?
7117 Rolling Bend	bd			21244					log.	U.S.	
	12. WAS DECEDEN	IT EVER IN U.S. A	BMED	21.244				NIC ODIGINS (See	olfu Yee or No.		E - American Indian,
1 Never Merried	1 Never Merried Married FORCES? 1 YES 2 MO					olfy Cuba	n, Mexica	in, Puarto Rican, i		Blac	k, Whita, etc.
				S USUAL OC				16b, KIND	OF BUSINESS	/INDUSTRY	
(Specify only nignest grade of Elementary/Secondary (0-12)	College (1-4 or 5	- 4	(Give kind of ife. Do NOT u	work done di use retired.)	uring most	t of workin	g	4			
				sewif	ie .						
17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NA	ME (First, Middle,	Malden Surnam	10)	
Bernard J. DeCo	urcey						Glo	ria A.	Sigsmu	ındi	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	(Street an	d Number		Route Number, City			
E. Royce Winstead			7117	Ro111	ing I	Bend	Rd.	, Balti	more,	Md. 2	1244
20s. METHOD OF DISPOSITION		20b. PLAC	E AND DAT	TE OF DISPO	SITION (				20c. LOCATION		
# Burial 2 Cremetton 3 Remov	ral from State	of cemeta	raine	Park	ace)		11	/20/92	Woodl	tawn	
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE ,					ADDRE		KE FUNE			
D 27 3/	1 1	1									Lity, Md.210
shock, or hear failure. List only one cause on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)									Interval Batwe Onset and Dea		
cause. Enter UNDERLYING											
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	EQUENCE	OF):							
d.											
PART il. Other eignificant conditions contributing to death but not resulting in the underlying cause					cause	given in	-4	MAS AN AUTOPPERFORMED? YES 2 NO		b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (C	heck only one)			
1 TYES 2 NO	1 Inpetient 2			4 🗆 Nurs	ing Home		aldence	8 - Other (Spec	**		
27. MANNER OF DEATH  1 Netural 8 Pending Investigation	28a. DATE Of (Month, i	F INJURY Day, Year)	28b. Ti	ME OF YJURY M	28c. INJU WOF 1 Y	IRY AT RK? ES 2	] NO	28d. DEŞCRIBE	HOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	OF INJURY At , etc. (Specify)	IY At home, farm, atreet, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Route Number,		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	_										(a) and menner as stated
296. SIGNATURE AND TITLE OF CERTIFIER		1					ENSE NU		29d.	DATE SIGNE	D (Month, Day, Year)
1 later	UM	14 /4	0			DI	296	67	•	11/1	7/92
30. NAME AND EDGISS OF PERSON WHO  31. DATE FILED (Month, Day, Year)  11. 1 9 92	COMPLETED CAL	SE OF DEATH (IT	TEM 27) (Typ	oo, Print)	N	grz		BALTO	MD		7
31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE				1 000	_	· U· 1 1	71100	J . J	.0
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH eber YEAR 05122AH 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 153-10-3239 1 M 2 - F CONN 2-2-16 arched for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR W. THOMSON CECIL ELKTON RESIDENCE OF DECEDENT 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY EZKTON ECIL 1 YES 2 NO 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? DRIVE MSON 21921 USA m hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1, YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 VES 2 OOO Specify: BALTIMORE WARYLAND 21215-0020 1 Never Married 2 Marrie BY 3 Widowed 4 Divorced WHITE UW COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) +RANSPORTATION DRIVER 17. FATHER'S NAME (First, Middle Last) PAUL WEBER DOROTHEA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route 2 OUISE WEBS 201 METHOD OF DISPOSITION 24 hours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State /DATE, muest the attending physician and completely filled in by the funeral director. Mental Hygiene prior to burial, cremation, or removal. 1 Burial 2 Cremation 3 Rem
4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FUNERAL HOME, 259 E, MAIN ST. medical 23. PART I. Enter the diseased, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition COPD resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic event, DUE TO (OR AS A CONSEQUENCE OF): COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Item 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS n signed by ti PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO this certificate has been a with the State Dept. of H 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA nce 6 Other (Specify) 6 27. MANNER OF DEATH

1 A Netural 5
2 Accident 28a. DATE OF INJURY (Month, Day, Year) marked, 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED E FUNERAL DIRECTOR: After this d within 72 hours after death wi 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner ea stated. IMPORTANT: If MEDICAL EXAMINER: On the basis of sxamination and/or in occured at the time, date and place, and due to the cause(s) and manner as stated. TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 뿚 THE FIRST 192 21 28 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whice Lair doon Randalle NOV 23'92

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	TO THE HOSPITAL OR ATTENDING PHYSICIANS TO THE MINES THAT THE DEATH CERTIFICATE DE EXECUTED V	TO THE HOSPITAL DR ATTENDING PHYSICIÁNC TO THE FUNERAL DIRECTION AND THE FUNERAL DIRECTOR. After this getisi

			1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF HERTIFICATE OF		AL HYGIENE REG. NO.	33654
			1. DECEDENT'S NAME (First, Middle, Lest)	CAIVIN 1	Wilson	7 12	ov. 7, 199	S. TIME OF DEATH
P		3	4. SOCIÁL SECURITY NUMBER 212 - 12 - 5632	5. SEX  1 M 2 F 76	YRS. MONTHS DAYS	HOURS MIN.	e of Birth only, Year) 1916	BIRTHPLACE (State or Foreign Country)
, 2, 3 should		TOR	98. FACILITY NAME (If not institution, give  UNION MEN  RESIDENCE OF DECEDENT		P. Sh. CITY, TOWN C	K To N	Sc. COUNTY C E	OF DEATH
permit. Pages 1,	9	DIRECTOR	10a. STATE 10b. COUNT	Kept	10c. CITY, TOWN OR LOCAT	70 N		10d. INSIDE CITY LIMITS? 1 YES 2 NO
- JS		NERAL		1 Hill ROAD		21678	10g. CITIZEI	OF WHAT COUNTRY?
215-0020 attending physician.		PLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes, spi	CENDENT OF HISPANIC ORIG ocity, Cuban, Maxican, Puerto 2 Specify:	ilN? (Specify Yea or No— 14 o Rican, etc.)	RACE — American Indian, Black, White, atc.
21 be o			15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) SEC & N & JARY	e completed) ((	ECEDENT'S USUAL OCCUPATION Work land of work done during most book of the property of the land of the	ON 10 st of working	b. KIND OF BUSINESS/INDUS	
MARYLAND 2 retained by the hospital 5 should be detached to	at once.	BE COMP	17. FATHER'S NAME (First, Middle, Last)	WILSON		18. MOTHER'S NAME (First		
2 8	be notified	TOB	MRS. HIJAA	W: 150H "	2.56+7 W	ESTHILL		12 JON M2 1678
TIMORE, h. Page 6 may by eral director, page	must		20a, METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rem  Donation 5 Other (Specify)  21. SIGNATURE OF FÜNERAL SERVICE LI	noval from State cemetery, cri	AND DATE OF DISPOSITION (Na emetory or other place)	Em. 11/	TE 20c. LOCATION - CH	JUN, Md
A dear	oval. al examiner		· DSgm	de wall	7 20	7 CA LUEY	TO ATO S	mynd.
24 hours filled in	ion, or removal		23. PART I. Enter the disease, pr ehock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	complications that caused the de List only one cause on each line	eath Do not enter the mo- e.	de of dying, such aa ce	rdiec or respiratory arrest	Approximate interval Between Onset and Death
May be well	bunal, cremation, atic event, the		resulting in death)	B. Coronary ar	rtery disease ouence of:			4 years
SOX Ite be	traum	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF):			
Certific	nygiene or other	CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):			
RECORDS, Fundament in the death	Meath and Menta	MEDICAL C	PART II. Other significent condition Staphyllococe	ns contributing to deeth but not al septicemia,	osteomyel <b>ti</b> i	s vertebral	244. WAS AN AUTOPSY PERFORMED? 1  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2.40		AN: M	25. WAS CASE REFERRED TO MEDICAL					1 TES 2 NO
VITAL		Sici	EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	ACE OF DEATH (Check only of a S □ Residence 6 □ Oth		
OF HYSIC his on	9	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	M 1 🗆 Y	RK? /ES 2 NO	EŞCRIBE HOW INJURY OCCUR	ED
DIVISION L DR ATTENDING P DIRECTOR: After t	28 is	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)		C#	CATION (Street and Number or y or Town, State)	Rural Route Number,
DIV TO THE HOSPITAL DR A TO THE FUNERAL DIREC	ANT: If ite	COMPLET	2 MEDICAL EXAMINE	ICIAN: To the best of my knowledge, de ER: On the basis of examination and/or				suse(a) and menner as stated.
w w	APORT	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	enshain, mi	ס	29c. LICENSE NUMBER D 07129		NOV 92
55	ă <b>=</b>	ř II	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CALISE OF DEATH ATE	M 27) (Turne Print)			
5 5	ă =	F	30. NAME AND ADDRESS OF PERSON WH Wallace Obensh 31. DATE FILED (Month, Day, Year)		M 27) (Type, Print) ecilton, Md. 2	1913		

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The Law mappen and the destinement of an annual contraction of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has man again and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi		once.
	tained by t	should be		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	may be re	c page 5		st be no
	Page 6	I directo		ner mu
	death.	e funera	-	examir
2	ours after	I in by th	or remove	nedlcai
	in 24 h	ety filled	nation, i	the .
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	th cer	Tending	al Hyge	010
-	8 8	200	d Ment	Injury.
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	SCIAM	pertifica	the St	ar II
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	TENDI	TOR: A	after de	28 ls
	L OR A	DIREC	hours	Item
	SPITAL	INERAL	thin 72	HI H
	THE H	THE FL	filed wi	PORTA
	5	5	2	를

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		ENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest) Winters, Edna					DATE OF DEATH		3. TIME OF DEATN O 7/0 M		
	4. SOCIAL SECURITY NUMBER 217-12-3521	5. SEX 6. AGE 1 M 2 X F	(In yrs. last birthday) 89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7.	Month, Day, Year) 3		BIRTHPLACE (State or Foreign Country) aryland		
TOR	6a. FACILITY NAME (If not institution, give so Carroll County RESIDENCE OF DECEDENT	· ·	ospital		minster	н	sc. COUNTY Car	of DEATH roll		
DIRECTOR	10e. STATE 10b. COUNTY	. STATE 10b. COUNTY 10c.					10d. INSIDE CIT LIMITS? 1   YES 2			
FUNERAL	100. STREET AND NUMBER 3334 Halter R		101. ZIP CODE 21158				S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF NISPANIC ecity Cuben, Mexican, F 2 NO Specify:	ORIGIN? (Specify Year Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use Salesp	rork done during mo e retired.)	ON st of working	Hochil				
BE CON	17. FATHER'S NAME (First, Middle, Last)  John Wesley G	erman				Mae Ba	rber			
0	190. INFORMANT'S NAME (Type/Print) William H. Win	ters Jr.	196. MAJLING 3334	Halter	Rd. Wes	to Number, City or Town	r, State, Zip Co	. 21158		
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remote Donation 5 Other (Specify)	oval from Stale	PLACE AND DATE On the control of the	town U	nited	11/20 Re		or Town, State		
	21. BIOMATURE OF PUNERAL SERVICE LIC	Eletal	Methodi:	Thom 254	no ADDRESS OF FACILITY OF THE PROPERTY OF THE	etcher n Street	Son	F.H.		
	23. PART 1. Enter the diseases, or cahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. OBS	d the death. Do not ach line.	ot anter the mo	de of dying, such e	s cardiec or reapi	ratory erreat	, Approximate interval Between Onset and Daeth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL	PART II. Other eignificant condition	a contributing to death b	out not reaulting is	n tha underlyin	g cause given in Pai	rt I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 3   NO									
ву рну	27. MANNER OF DEATH  1. Natural 5 Pending Investigation  28a. OATE OF INJURY (Month, Day, Year)  28b. Till (Month, Day, Year)			M 1 YES 2 NO			VIA			
ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28i. LOCATION (Street and Number or Rural Route Number of Rural Route Number or							Rurel Route Number,		
COMPLETED		CIAN: To the beat of my know R: On the beats of exemination						ruse(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  Muddleton				43	29d. DATE SIGNED (Month, Day, Year)				
	John W. Midd	leton 1	130 Balt		Blvd. We	estminst	er, Mc	1. 21157		
	NOV L 9 92	32- REGISTRARIS SIGN	MONdell							

The Report

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injury, or other traumatic event,

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30. NAME AND ADDRESS OF PERSON WHO

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31. DATE FILED (

COMPLETED CAUSE OF DEATH (FEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE the Davidson-Randoll

516 Washingto

or other traumatic ev	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic ev	
Hygiene prior to burlai, o	be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burlal, (	
inding physician and com	TO THE FUNERAL DIRECTOR ARE THE CAMINGS IN DEER SQUED by the attending physician and com	-
h certificate be executed	TO THE HOSPITAL OR ATTENDING PHYSICIAN TIN THE RESERVE THE LEATH CERTIFICATE DE EXECUTED	-
.O. BOA 6676	The state of the s	

92 33656 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 1992 Joseph Bernard Williams Sr 11 03 3:10AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 \_\_M 2 \_ F YRS. 220-32-0399 01 - 19 - 08Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Magnolia Hall Chestertown Nursing Home Kent 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland
100. STREET AND NUMBER Kent 1 YES 2 | NO Rock Hall BY FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rural Route 21661 USA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 7 NO IF YES, GIVE WAR OR DATES 2 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 10 Specify: Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a, DECEDENT'S USUAL OCCUPATION 16h. KIND OF BUSINESS/INDUSTRY ary/Secondary (0-12) College (1-4 or 5+) arage Manager Automotive 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) BE Frederick Williams Catherine Jankowski Williams 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ronnie Jayne 164 Rock Hall Maryland 21661 e 20s. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Johns Cemetery Rock Hall, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tom Helfenbein Funeral Home Chmas Chestertown, Speer Rd 21620 Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente DUE TO ruson DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST weeks PART II. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL the State D 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO 1 Dinpatient 2 ER/Outpatient 3 DOA Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIMÉ OF INJURY 28c. INJURY AT WORK? marked, 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 8 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcide COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 28 計 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LIGENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year)

Chestertown

SAN LINE IN

BALTIMORE, MARYLAND 21203-3146

MPORTANT:

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R ATTENDING PHYSICIAN: The law requires the recommendation of the control of the recommendation of the control	IRECTOR: After this certificate has been signed by the management and completely filled in by the tuneral director, page 5 should be detached for use as	after death	sm 28 is marked, or item 23 shows any injury and armanatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATN YEAR WINEKE 3 11 2 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. reb.15,1909 Maryland 83 215-40-0956 HOURS 1 - M 2 KX YRS. 9a. FACILITY NAME (If not institution, give atreet and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Baltimore Baltimore Co. Gen. Hospital Randallstown RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 YES 2 NO Baltimore Reisterstown Md. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE U.S.A. 224 Highfalcon Road 21136 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE -- American Indian, Black, White, etc. 11 MARITAL STATUS If yes, specify Cuban, Hexican, Puerto Rican, etc.)

1 YES XX NO Specify: 1 Never Married 2 Married
3 Widowed 4 Divorced Specify: White BY ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16h. KIND OF BUSINESS/INDUSTRY Elemantary/Secondary (0-12) College (1-4 or 5+) Secretary State of Maryland COMPL 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Alice Louise Haynes Charles King BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 19a. INFORMANT'S NAME (Type/Print) 2 224 Highfalcon Road, Reisterstown, Md. 21136 James M. Wineke 20a METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 28c. LOCATION - City or Town, State Dulaney Valley Mem. Gardens 11/19/92 Timonium, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDMAN SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21117 Eckhardt Funeral Chapel bliano 11605 Reisterstown Rd., Owings Mills, 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition ASYSTOLE CARDIAC resulting in deeth) SICK SINLIS
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24h WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE ARDIOGEN 1 | YES 2 | 00 OF DEATH? ISCHEMIC 1 TYES 2 NO CIRRHOSIC 25. WAS CASE REFERRED TO MEDICAL PHYSICIAN: 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER:
4 Nursing Nome 5 Residence 6 Other (Specify) 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide LETED 6 Could not be 4 Homicide determined 29a, CERTIFIER 1 💢 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE ta 92 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD

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FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
1	Alfred	Lee	VOI	ung						AAA .	YEAR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
. 1	4. SOCIAL SECURITY NUMBER			lest birthdev)					November	23,		
	220-62-6127			,,,	IF UNDER 1	DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Count	HPLACE (State or Foreign
- 5	220-62-6127	1 📉 M 2 🗌 F	40	40 YRS. WORLD DATE HOURS			HOUND		June 30,	1952		Maryland
1	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN OF	R LOCATIO	ON OF DE			NTY OF D	
Œ	Calvert Memorial	Hospital		11	Pri	nce	Fred	Pari	ck		lver	
5	RESIDENCE OF DECEDENT					1100	ILCO	ACL I	CX	Ca.	rver	L .
DIRECTOR	10e. STATE 10b. COUNTY	′		10c CIT	Y, TOWN OF	LOCATI	ON					404 100005 0074
<u>E</u>	Manuland Cal	vert						1_				10d. INSIDE CITY LIMITS?
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A	104. STREET AND NUMBER					10f.	ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
BY FUNERAL	5360 Sherid	an Point	Rd.					2067	8		US	A
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	12 W	MS DECE			IIC ORIGIN? (Specify Ye		44 540	
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≥	3 Widowed 4 Divorced				1	YES :	2 NO	Specify	c		Spec	* Black
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18 MOTH	ED'S MAI	ME (First, Middle, Melder	Cumamal		
	Amos	Young,	Sr.			- 1		Marg		- Surrieme)	Par	kar
BE		Tours,	DI.									KEI
9	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or Tov			
- 1	Darlene Young			480	0 Eas	terr	n Lar	ne	Suit	Land,	MD	20746
	200, METHOD OF DISPOSITION		20b, PLA	CE AND DATE	F DISPOSIT	ION (Nam	ne of		DATE 20c, LC	OCATION -	City or To	wn State
1 X Buriel 2 Cremetion 3 Removal from State cametery cremetory or other place)												
4 Donatton 5 Other (Specify) Southern Mem. Gardens Cem. 11/27/92 Dunkirk, N 21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Sewell Funeral Home												
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. N	AME AND	DADDRES	S OF FAC	Sewell	Fune	ral	Home
	Manual &	0	. 00		14	51 ·I	Dares	Be.	ach Rd. Pi	rince	Fre	d. MD20678
	23. PART I Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest,   Approximate											
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CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO	OR AS A CON	SEQUENCE OF	Ce			7 X	into	ru	cc.	P
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART it. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	DUE TO (C d.  a contributing to d  HOSPITAL: 1   Inpetient 2   i  28s. DATE OF IP (Month, Day)  28s. PLACE OF	DR AS A CON  Jeath but no  ER/Outpatient  NJURY — At	ot resulting is	OTHER:	26. PLA ng Home R8c. INJUI WOR 1  YE	NCE OF OE  5  Res	EATH (Che	Part I. 24e. WAS AN PERFOI 1 VES :	I AUTOPSY RMED? 2 NO INJURY OCC	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRINCIP TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART it. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (C d.  a contributing to d  a contributing t	ER/Outpatient NJURY Att. (Specify) Ty knowledge, mination end	ot resulting in the state of th	OTHER:  OTHER:  4   Norsir  M  treet, factor  d at the tim	26. PLA ng Home 18c. INJUI WOR 1 VE y, office	5 Res RY AT RES 2	NO NO and due	Part I. 24a. WAS AN PERFOI 1 VES :  1 VES :  26. LOCATION (Street City or fown, State)  26. LOCATION (street city or fown, State)  10. the cause(e) and mailtime, data and place, ar	i AUTOPSY RMED? 2 NO INJURY OCC and Number	24b.  CURED  or Rural R  ed.  e cause(s)	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO Route Number,
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART it. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (C d.  a contributing to d a contributing to d a contributing to d a contributing to d  BOSPITAL:    Imperient   C     28s. DATE OF IN (Month, Day)   28s. PLACE OF building, at	ER/Outpetient NJURY Art. (Specify) Try knowledge, mination and	ot resulting in the property of the property o	OTHER: 4   Nursir E OF 2 URY M  treet, factor d at the tim n, in my opi	26. PLA ng Home RSc. INJUN WOR 1 YE Y, office Ne, date a	STATE OF OEE STATE OF OEE STATE OF OEE STATE OE STATE OE	NO NO NSE NUM	Part I. 24a. WAS AN PERFOI 1 VES :  1 VES :  26. LOCATION (Street City or fown, State)  26. LOCATION (street city or fown, State)  10. the cause(e) and mailtime, data and place, ar	i AUTOPSY RMED? 2 NO  INJURY OCC and Number  nore as state and due to the	24b.  CURED  or Rural R  ed.  e cause(s)	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO Route Number,
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the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should themail hygiene prior to burial, cremation, or removal. I'm death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. my injury, or other traumatic event, the medical examiner must be notified at once, ORDS, P.O. BOX 68760, DIVISION OF VITAL IMPORTANT: If Item 28 Is marked, or Item TO THE HOSPITAL OR ATTENDING PHYSICIAN. TO TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State.

BALTIMORE, MARYLAND 21215-0020

5.27

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.				
1	1. DECEDENT'S NAME (First, Middle, Last)	Gertrude	Tank Atw	rood		2. DATE OF DEATH MONTH		3. TIME OF DEATH			
		TWOOD				11	24 9				
	000 00 000			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-13-19;		DIRTHPLACE (State or Foreign Country)  IEW YOYK			
	9e. FACILITY NAME (If not institution, give stre	et end number)		Db. CITY, TOWN C	OR LOCATION OF D		9c. COUNTY				
DIRECTOR	North Arundel Hospital Glen Burnie Anne Arundel Co										
EC.	10a. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY			
FUNERAL	10a. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF  21076										
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	If yes, sp	. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:  1 Specify:								
0	15. DECEDENT'S EDUCA		16a. DECEDENT'S U	SUAL OCCUPATION	ON	16h KIND OF 8	USINESS/INDUST	White			
ET	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of wo	rk done during mo	st of working	1000 1010 01 0		n,			
COMPLETED	12 +	2		_		Retai:	l Sales				
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meide		- 77			
BE	Charles(?)	T	ank			de Ainsle	-				
0	Janice Atwood					Route Number, City or To		(e)			
	20a. METHOD OF DISPOSITION					over, MD					
	1 Burlei 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)										
	21. SIGNATURE OF SUNERAL SERVICE LICES	NSEE Romald Wa	ade, Dir	22. NAME AN	O ADDRESS OF FA	CILITYSTATE A	ANATOMY	BOARD			
	Markall	Ol hell	11-30-92	655 W	Ral+imo	ore St, Ba	1to MD	21201			
/	23. PART I. Enter the diseases, or con										
	IMMEDIATE CAUSE (Final	st only one ceuse on e	ech line.		A	1.		Interval Between Onset and Death			
	disease or condition resulting in death)  s. DUE TO (OR AS & COMMIDUENCE OF):  Onset and Day  Unitarity  Onset and Day  Un										
-	disease or condition resulting in death)  s. Due to construct of the secondary list conditions.  Sequentially list conditions.  b. Author are a sequentially list conditions.										
CERTIFICATION	If any, leading to immediate										
2	CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):										
E	that initiated events resulting in death) LAST		· condeduction of j.								
	PART II Other conditions	contribution to death b									
DICAL	PART II. Other significant conditions	contributing to death a	out not resulting in	the underlying	g ceuse given in		ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
						1 TYES	2 A NO	OF DEATH?			
Σ.						_		1 TES 2 NO			
M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
PHYSICIAN: ME	EXAMINER?	HOSPITAL:		THER:		Other (Specify)					
Ŧ	27. MANNER OF OEATH	28e. DATE OF INJURY	28b. TIME	DF 28c, INJI		28d. DESCRIBE HOW	/ INJURY OCCURE	0			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF		RK? 'ES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stri	et, factory, office	,	28f. LOCATION (Stree City or Town, Stat	t and Number or R	ural Route Number,			
	4 Homicide determined										
COMPLETED		AN: To the best of my know On the basis of examinatio						use(e) end manner as stated.			
	291 SIGNATURE AND TITLE OF CERTIFIER	2 /			29c. LICENSE NUI		_				
O BE	/ Metr,	rund	4		DO	1828	► 1//	NEO (Month, Day, Year)			
임	30. MAME AND ADDRESS OF PERSON WHO				CLEN	DIIDNIE	MD 2	1061			
	MAX FRANK, M.D.  31. DATE FILEO (Month) (Pay. Apar)	7575 R	ITCHIE H	WI.SE	GLEN	BURNIE,	riv. Z	1001			
	DEC 2 - 1992 (MONING OF 1992)	The state of the s									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION BALTIMORE, MARYLAND 21215-00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		DEATH	AND MENTAL HYGIENE H REG. NO.						
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH		
	BABY GIRL  4. SOCIAL SECURITY NUMBER		ERSON			NOVEMBE				
	4. SOCIAL SECURITY NUMBER	1 M 2 X F		OTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	)	BIRTHPLACE (State or Foreign Country)		
-	9a. FACILITY NAME (If not institution, give str			CITY, TOWN O	PR LOCATION OF D	11 24	1992	USA		
E C	THE JOHNS HOPKINS	· .	1		RE CITY			MORE CITY		
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			OWN OR LOCAT						
DIRECTOR		TIMORE CITY	100			ARYLAND 14 YES				
	10e. STREET AND NUMBER				101. ZIP CODE 10g. CITIZEN OF WHAT CO					
FUNERAL	2140 EAST OLIVE	CR STREET			2121	Ţ	JSA			
	11. MARITAL STATUS  1 VAS DECEDENT EYER IN U.S. ARMED FORCES? 1 VES 2 ND					HC ORIGIN? (Specify n, Puerto Rican, etc.		. RACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced		2 NO Specif			Specify: BLACK				
	15. DECEDENT'S EDUC		. DECEDENT'S USL	IAL OCCUPATIO	ON .	16b. KIND OF	BUSINESS/INDUS	TRY		
	(Specify only highest grade of Elementary/Secondary (0-12)	done during modified.)	st of working							
COMPLETED										
ပ္ပ	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mai	,			
BE	JAMES JOE  19a. INFORMANT'S NAME (Type/Print)			ANDERSO						
9	SONYA ANDERSON					REET-BAL		•		
	20a. METHOD OF DISPOSITION	20b. PLA	CE AND DATE OF D				LOCATION - CIN			
9	1 Donation 5 Other (Specify)	vel from State cemetery	crematory or other H 11/24/	92			BALTIMO			
	21. SIGNATURE OF FUNERAL SERVICE LICE				ID ADDRESS OF FA		DITELLIOI	ш, по.		
	JOHNS HOPKINS HOSPITAL  500 N. WOLFE STREET  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,   Approximate									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON								
MEDICAL C	PART II. Other significant conditions	contributing to death but ne	ot resulting in ti	ne underlylng	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
SICIAN:		HOSPITAL:	O	26, PL	ACE OF DEATH (Ch	eck only one)				
HYS	1 YES 2 NO	1   Inpatient 2   ER/Outpatien	8 3 DOA 4 D	Nursing Home		8 Other (Specify)				
٠. ا	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	RIC?	28d. DESCRIBE HO	W INJURY OCCUP	NED		
10	2 Accident Investigation 3 Suicide Octoors	t home, farm, stree	M 1 YES 2 NO		281. LOCATION (Street and Number or Bord Once Mumber					
	3 Suicide 6 Could not be determined 286. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 287. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 288. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowledge	, death occurred at	the time, date	and place, and due	to the cause(s) and	manner as stiffed.			
PLET		On the basis of sxamination and						ause(s) and manner as state		
	a medical examiner					ADED.				
COMP	296. SIGNATURE AND SPILE OF CENTIFISM				29c. LICENSE NUI	HOCH	29d. DATE	GNED (Moret, Elec. Year)		
BE COMP	246. SIGNATURE AND SPILE OF CENTIFIER	mo			29c. LICENSE NUI	aber .	29d. DATE	124/12		
COMP		COMPLETED CAUSE OF DEATH	TEM 27) (\$500, Pro		/ .	1/- 1/	29d. DATE	CAMPB (Month, Blue Year)		
BE COMPL	246. SIGNATURE AND SPILE OF CENTIFIER	COMPLETED CAUSE OF DEATH (	TEM 27) (YOU PE		Lens 1	Aspita	29d. DATE	CONSTRUCTION DAY YOUR		

DHMH-16 Rev 1/89

men with the

BALTIMORE, MARYLAND 21215-00	ge 6 may be retained by the hospital or attending g	irector, page 5 should be detached for use as the l
BALTII	hours after death. Pa	d in by the funeral d
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L CH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending a	AURICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by use as the f
DIVISION OF	. CH ATTENDING PHYS	AUPECTOR: After this c

physician. burlal-transit permit. Pages 1, 2, 3 should LOR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp ADMECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND A	DEPARTM	ENT OF HEALT	H AND MEI	NTAL HYGIENE REG. NO.				
200	1. DECEDENT'S NAME (First, Middle, Last)  HOUSTON	Brooks				DATE OF DEATH	92	3. TIME OF DEATH		
	/	SEX 6. AGE (In yrs. Ia	YRS. MONT	THE DAYS HOUR	S MIN.	DATE OF BIRTIN (Month, Day, Year)	0. BIRTH Countr	ARYIANO		
DIRECTOR	Deaton Specialty	Hosp. +Hom	e	BALLIN	10RE	City oa	COUNTY OF D	EATH		
	10e. STATE 10b. COUNTY		10c. CITY, TON	WHOR LOCATION	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 4024 AMV L	ANC		101. ZIP CO	1/33		10g. CITIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS  1  Never Married 2  Married  3  Widowed 4  Divorced	P. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DECENDEN If yes, specify Cu 1 YES 2 X	iban, Mexican, Pu	RIGIN? (Specify Yea or No serto Rican, etc.)	14. RACE — American Indian. Black, White, atc. Specify:			
COMPLETED	15. DECEDENT'B EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (G	CEDENT'S USUA live kind of work d DO NOT use retin	lone during most of wo	cking CRKER	16b. KIND OF BUSINESS	S/INDUSTRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) PERRY BROW	Ks		16. M	AH -	First, Middle, Meiden Sumer	ne)			
TO B	HOUS FOX W. BI	Rooks JR 10	6. MAILING ADDI 40.24	RESS (Street and Num	Der or Rural Route	Number, City or Town, Stan	e, Zip Code)	d. 2/133		
9	20e. METHOD OF DISPOSITION 1	AND DATE OF DIS	SPOSITION (Name of		DATE 20c. LOCATION	N - City or Ton	m, State			
	21. SIGNATURE OF PUNKRAL SERVICE LICENT	Eouw		WM. C.Z	BROWN	1206 W.	North	AUG		
	23. PART. Enter the diseases, or come shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plicetions thet caused the detention one cause on each line Colon adam	<b>.</b>	nter the mode of a	dying, such aa	cardiec or reepiratory	y arreat,	Approximeta Interval Batween Onset and Death		
NOI	DUE TO (QR AS A CONSEQUENCE QF):  Sequentially liet conditions,  DIE TO (QR AS A CONSEQUENCE QF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE								
	PART II. Other aignificant conditions of	ontributing to death but not	moulting in the	undadular asua	a short to Bost					
PHYSICIAN: MEDICAL	Dogo venous th	rombosis.	eauting in the	e underlying cause	e given in Part	1. 24a. WAS AN AUTOF PERFORMED? 1 YES 2 FT NO	5	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТ	26. PLACE OF	DEATN (Check or	nly one)				
PHYS	1 VES 2 NO 10  27. MANNER OF DEATN  1 Noture: 5 Pending	Inpatient 2 ER/Outpatient 3  28a. DATE OF INJURY (Month, Day, Year)		Nursing Nome 5  28c. INJURY AT WORK?	28d	Other (Specify)  DESCRIBE HOW INJURY	OCCURED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	26f.	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED		1: To the best of my knowledge, de on the bests of examination and/or						and manner or filled		
B	296. SIGNATURE AND TITLE OF CENTIFIER	119)			CENSE NUMBER			(Month/Day, Year)		
2	GEOVACIALEVIA	OMPLETED CAUSE OF DEATH (ITE	Charle	o St. Ba	Himo	e Ald 21	230			
	31. DATE FRED Afforth, Day, Year)  OFC 2 1992	32 REGISTRAR'S SIGNATURE								

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 11/30/92 DAY 9:35 AM Irvin Monroe Bohr, Sr. 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 82 212-18-7826 1 K M 2 - F 9/14/10 Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Hospital Westminster Carroll RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Carrol1 Winfield 1 YES 2 200 FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4544 Salem Bottom Road 21157 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 1 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES BY White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. ò Elementary/Secondary (0-12) College (1-4 or 5+) detached 8th Grade Foreman Baltimore Gas & Electric 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 5 should be notified at James Bohr Pearl Jones BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Helen P. Bohr 4544 Salem Bottom Road Winfield, MD 21157 page Pe 20s. METHOD OF DISPOSITION

1 Stries 2 Cremation 3 Removal for 4 Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL STRICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must director, Ebenezer U.M. Church 12/3/92 Winfield, Maryland examiner 22. NAME AND ADDRESS OF FACILITY funeral Burrier-Queen Funeral Directors, P.A. 1212 W. Old Liberty Road Winfield, MD 21784 completely filled in by the rial, cremation, or removal. medical 23. PART J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition event, 1 executed within resulting in death) burial, traumatic CERTIFICATION pue Sequentially list conditions, Hygiene prior to If any, leeding to immediate cause. Enter UNDERLYING been signed by the attending physician nt. of Health and Mental Hygiene prior to home certificate CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEGUE) that initiated eventa resulting in death) LAST 6 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? errhos3 that shows any 1 - YES 2 NO requires 1 TES 2 NO PHYSICIAN: Dept WP 23 has 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATN (Check only one) Item EXAMINER? DIRECTOR: After this certificate hours after death with the State OTHER: DR ATTENDING PHYSICIAN: Hent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 28a. DATE OF INJURY
(Month/Day, Year)

28b. TIME OF INJURY
M 1 YOU
28c. PLACE OF INJURY — At home, ferm, street, factory, office 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Actident 5 Pending Investige 1 YES 2 NO BY 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be BE COMPLETED Item 28 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated (Check only one) NT. II 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE BRUNKED (Month m 9 LETED CAUSE OF DEATH (ITEM 27) (Type, Print, 1992 32. REGISTRAR'S SIGNATURE

Rand

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLIM ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be considered at the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											3003		
	1. DECEDENT'S NAME (First, Middle, Last)  BARDARA	BITT	NER	2. 9/				ATE OF DEATH	TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 214-38-6863	5. SEX	6. AGE (In yrs. in	si birthday) YRS.	IF UNDER 1		IF UNDER 24 I	IRS. 7. D	ATE OF BIRTH Honth, Day, Year)	5 /	BIRTHPLA Country)	CE (State or Foreign		
TOR	90. FACILITY NAME (If not institution, give a MEDBLID GRESIDENCE OF DECEDENT	FACILITY NAME (If not institution, give street and number)  YED BRID GE				BALTIMOREIMT						BALTIMORE		
DIRECTOR		10b. COUNTY				10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?  1, YES 2 □ NO			
FUNERAL	100. STREET AND NUMBER 3222 Fait Ave.	ET AND NUMBER				Baltimore    Top: ZIP CODE   21224					10g. CITIZEN OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AN	RMED NO	ED 12 MMC DECEMPENT OF MICRANIC				ORIGIN? (Specify Yes or No - 14. RACE			American indian, hite, etc.		
COMPLETED	1s. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(0	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOUSEWIFE											
SON	17. FATHER'S NAME (First, Middle, Last)									it, Middle, Malden Surname)				
BE (	Friedrich Schoepflin							Wels			<u>.</u>			
5	190. INFORMANT'S NAME (Type/Print)  Don Bittner								Number, City or Tow		ode)			
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	METHOD OF DISPOSITION  (Burlel 2 Cremetton 3 Removal from State carried and provided												
1 © Buriel 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Lilly & Ze											re C	0.		
	· Catherin	St. Bal	to.MD	21224	inc.F.H.									
Z	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other significant conditions contributing to death but not the partie work.  However Stevensis				t resulting in the underlying cause given in P				24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 No		AVA COI OF	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 28. PLACE OF DEATH (Check only one)													
HYSI	1 YES 2 10	1   Input ent 2   ER/Output ent 3   DOA   A turning Home 5   Residence 5   Other (Specify)												
ВУ РІ	tel Natural 5 Pending 2 Accident Investigation	(Month, E	INJ	ME OF JOHN AT WORK?  M 1 YES 2 NO				28d. DESCRIBE HOW INJURY OCCURED						
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)							8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
BE OCMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end pleas, and due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner ee stated.													
10 日	29b. SIGNATURE AND TITLE OF CERTIFIED		29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, M.  11/27/51							nth, Day, Year)				
ROBERT S. KnightMD. 104 Plumtree Rd Bel Air HD 21015														
	DEC 21992	32. REGISTRA	AR'S SIGNATURE	e.										

Carry and

22-7-4-1.24

Tames Bungess 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIE IF UNDER 24 HRS. 214 - 62-8319 39 1 0 4 2 0 F use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR Umm Baltimore 10c. CITY TOWN OF LOCATION MOR 10f. ZIP CODE 9 HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tran within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Spe BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie BY IF YES, GIVE WAR OR DATES NO Specify 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND ndary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last IL MOTHER'S NAME (First, Middle, 05 86 19b. MAILING ADORESS Number, Cit 2 BA 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 2 Cremation 3 On 5 Other (Specify) 22. NAME AND ADDRESS OF FACHLITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MIAM No 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac of shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) GEPSIS OUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 68760, AIDS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST MEDICAL PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. 1 🔲 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 27 NO 5 - Residence 8 - Other (Spec 4 - Nt 27. MANNER OF GEATH 28s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE Natural
Accident 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION City or Town 3 Suicide COMPLETED 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER **BE** 

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

33. RECULTRAP'S SIGN

umms

31. DATE FILED (Month, Day, Year)
DEC. 0 2 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY

CERTIFICATE OF DEATH

2. DATE OF DE

FOR

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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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92	33664
GIENE 3. NO.	
ATH	3. TIME OF DEATH
28	92 73 AM
Year)	BIRTHPLACE (State or Foreign Country)
9c. COUNTY	OF DEATH
	104 INSIDE CITY
	10d, INSIDE CITY LIMITS?  1 XYES 2 NO
10g. CITIZEN	OF WHAT COUNTRY?
1	ISA
cify Yes or No— 14. Hc.)	RACE — American Indian, Black, White, etc.
	SOUNT /ACK
OF BUSINESS/INOUS	TRY
44-14	
Meldon Surnagno)	<b>\</b>
or Jown, State, Zip Co.	
To, 19d,	21217
ATONS VI	
V COMM	UNITY FIH
Ave	/
respiratory arrest	, Approximate interval Between
	Onset and Death
	2-3 days
MAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
YES 2 NO	COMPLETION OF CAUSE OF DEATH?
	1 YES 2 NO
ffy)	
HOW INJURY OCCUR	EU
(Street and Number or I	Surel Route Number,
, State)	

29d. DATE SIGNEO (Month, Day, Year)

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTHAH			CERTIF	ICALI	E UF	DEATH		RE	G. NO.			
	1. OECEOENT'S NAME (First, Middle, Last)							1	2. DATE OF DE				3. TIME OF OEATN
	PHILIP CHA	ARLES	BROW	N, MI	)				монтн 1 1	24		1992	08:02 P M
	4. SOCIAL SECURITY NUMBER	5, SEX		. last birthday)	IF UNDER	1 VEAD	IF UNDER 24 F	100	7. DATE OF BIR	,			NPLACE (State or Foreign
	219 34 2401	1X M 2 □ F	54	YRS.	MONTHS	DAYS		1014.	(Month, Day,			Count	(Yr)
				Thu.					1-7-38			_	nsylvania
	Sa. FACILITY NAME (If not institution, give s				.hr		OR LOCATION	OF DEAT	H		9c. COU	INTY OF	DEATH
DIRECTOR	THE JOHNS HOPK	INS HOSPI	TAL		BAI	TIMO	DRE				BALT	HOMIT	RE MD
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY TOWN OR LOCATION												
뿔				10c. CIT	Y, TOWN								10d, INSIDE CITY LIMITS?
		rford Cou	nty		Chui	rchv	ille						1 TES 2 NO
₹	10e. STREET AND NUMBER					101	ZIP CODE			T	10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	2906 Whitefield	Road					21	028				USA	
3	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT OF H	IISPANIC	ORIGIN? (Spe	cify Yes	or No-	14. BAC	E — American Indian, ik, White, etc.
	1 Never Married 2 Married	FORCES? 1			- 2	If yes, sp		lexican,	Puerto Rican,		7777		
à	3 Widowed 4 Divorced	ves 19				1   1   1   1	2   NO 3	phecul.				Spec	White
	15. DECEDENT'S EOU	CATION		. DECEDENT'S	USUAL O	CCUPATIO	ON .		16b. KIND	OF BUSI	INFSS/IN	DUSTRY	WIIICE
COMPLETED	(Specify only highest grade			(Give kind of a	work done	during mo	st of working		1000 10010	01 000	THE SOUTH	DOGTAT	
=	Elementary/Secondary (0-12)	College (1-4 or 5 +	)	Phys					M	ledi.	cine		
N N	ET FATTIERIS ALLES ET . ALLES ET			1-					1				
၂ ႘	17. FATHER'S NAME (First, Middle, Last)								(First, Middle,		,		
H	Charles Edward B	rown					Hele	en E	lizabe	th (	Osbo	rne	
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number or I	Rumi Rou	ite Number, City	or Town	, State, Zi	p Code)	
F	Mrs Brown			2906	Whit	efie	ld Rd,	Ch	urchvi	lle	. MD	210	28
	20a. METHOD OF DISPOSITION		20b. PLA	CE ANO OATE									own, State
	1 Buriel 2 Cremation 3 Rem	oval from State	cemetery	, crematory or o	ther place)								
	21. SUGNATURE OF FUNERAL SERVICE LIC	CENSEE Dans 1	d Wado	Din	22.	NAME A	D ADDRESS (	DE EACH	TY STAT		NITTO	*** 50	22.00
	10	// Land											
433	Sonaly //	Mell	- 11/	/30//92	6	55 W	. Balt	imo:	re St,	Bal	lto.	, MD	21201
	23. FART I. Enter the diseases, or	complications that	caused the	death. Do	not enter	the mo	de of dying,	such a	na cerdiac o	r respir	atory ar	reat,	Approximata
	shock, or heart failure.	List only one cau	se on each	iina.									interval Between
	IMMEDIATE CAUSE (Final disease or condition			4.									Onset and Death
	resulting in death)	DUE TO	Care	Hac V	wta	2							5minutes
							1						/wx ZCyps
Z	Sequentially list conditions,	a recen	T my	SEQUENCE O	In.	mre:	trun						/wx
CERTIFICATION	if any, leading to immediate												
S	CAUSE (Disease or injury	a diabe											2040
느	that initiated events	DUE TO	OR AS A CON	ISEOUENCE O	F):								
8	resulting in death) LAST	d											
	DART II On I W												
EDICAL	PART II. Other significant condition	e contributing to	death but n	ot resulting	in the ur	derlying	g cause give	n in Pa	ort I. 24a. V	NAS AN A	WTOPSY WED?	248	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
용미	HONE									YES 2			COMPLETION OF CAUSE OF GEATH?
													1 TYES 2 NO
≥									-				1 123 27 110
A	25. WAS CASE REFERRED TO MEDICAL					24 P	ACE OF DEAT	M //hart	only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	2.03-0		OTHE	R:							
≥		1 Inpatient 2							Other (Spec	-			
표	27. MANNER OF OEATN  1 Natural 5 Pending	26a. DATE OF (Month, Di	INJURY sy, Year)	26b, TIM	E OF JURY	28c. INJ WO	URY AT	2	8d. DESCRIBE	HOW IN	JURY OC	CUREO	
Β¥	1 Natural 5 Pending Investigation				M	1 🗆 1	res 2 N	0					
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — A atc. (Specify)	t home, farm,	street, fact	lory, offic	•	2	of LOCATION	(Street an	nd Numbe	r or Rural i	Route Number,
쁘	4 Homicide determined		ator (apoutly)						City or Town	i, State)			
4	29a. CERTIFIER DE CERTIFYING PHYSI	CIAN: To the 1	- be - · ·	4	AST N						_		
₽	(Check only one)												
COMPLETED	2 MEDICAL EXAMINE	Vir the besis of at	menation and	vor investigatio	on, in my o	pinion, d	eath occured a	at the tim	ne, data and pl	ace, and	due to t	he cause(	a) and manner as stated,
ш	296. SIGNATURE AND TITLE OF CERTIFIE	1					29c. LICENSI	E NUMBE	ER	T	29d, DA1	TE SIGNED	(Month, Day, Year)
00	Derand AT	Illen -	m.D				4469	75-	JKH.			11/2	4/92 9150
5	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUS	E OF DEATH (	ITEM 27) (Type	Print)		710	_					1//- 1.00
		ILLON A	1.10										
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATIE	F									
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		1 - FOR STATE REGISTRAR	STATE OF MAI		ARTMENT OF		MENTAL HYGIEN REG. NO		
	1	1. DECEDENT'S NAME (First, Middle, Last)  WINSTO	V. M.	BASS			2. DATE OF DEATH MONTH D		3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 217→18→5360		AGE (In yrs. lest birthd	MONTHS DAYS	The second secon	7. DATE OF BIRTH (Month, Day, Year)	8. Bill Co	RTHPLACE (State or Foreign untry)
3 should	_	9a. FACILITY NAME (If not institution, give	street and number)	68	9b. CITY, TOW	N OR LOCATION OF	3~5~1924 DEATH	Bc. COUNTY O	Maryland F DEATH
2	СТОВ	Franklin Squa	re Hospital	2	Ro	ssville		Baltimo	re County
permit. Pages 1,	DIRECTOR	Maryland 106. COUNT	Baltimo,	10c.	CITY, TOWN OR LO	DU	ındalk		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	FUNERAL	100. STREET AND NUMBER 6713 Oak Avenu	10			10f. ZIP CODE	21222	10g. CITIZEN O	F WHAT COUNTRY?
020 physician. burlal-transit	UNE	11. MARITAL STATUS	12. WAS DECEDENT E		13. WAS D	ECENDENT OF HISP	ANIC ORIGIN? (Specify Yes	or No- 14. R	U.S.A.  ACE — American Indian, lack, White, etc.
15-002 ending phy as the bur	B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	YES 2 □NO OR DATES		ES 2 NO Spec	can, Puerto Rican, etc.) city:		pocity: White
212	LETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDEN (Give kind Ille. Do NO	T'S USUAL OCCUPA of work done during T use retired.)	TION most of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ
AND. The hospit detached	COMPLET	11 th Grade  17. FATHER'S NAME (First, Middle, Last)		A	ssembly 1		General General	al Motor	rs
YLA d by the id be de	ш	Charles C. Ba	3.5				le Vandora	Surname)	
MARYL retained by 5 should be notified at	TO B	190. INFORMANT'S NAME (Typo/Print)  Catherine M. Bo	1				of Route Number, City or Tow Lalk, Marylo		
ALTIMORE, death. Page 6 may be threat director, page I. examiner must be		20a. METHOD OF DISPOSITION  1 Burlai 2 Cremation 3 Rem		20b. PLACE AND DA	TE OF DISPOSITION	Name of	DATE 20c. LO	CATION — City or	Town, State
Page 6 al direct		4 Donation 5 Other (Specify)	CENSEE	Oak Law	22. NAME	AND ADDRESS OF I	FACILITY		e, Maryland
BALTIMORE, after death. Page 6 may be y the funeral director, page noval. cal examiner must be		Lægon	E. Veec	L			uneral Home		ndalk, Inc. yland 21222
24 hours / filled in th tion, or rer the medi		23. PART I. Enter the shock, or hear failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Myocardi	on each line.		node of dying, su	ich as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death
OX 68: be execute cian and ci ior to buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	AS A CONSEQUENC					
e Hy	ERTIF	that initiated events resulting in death) LAST	d	AS A CONSEQUENCE	EOF):				
RDS, P. nat the death I by the attend and Mental H ny Injury, or		PART II. Other significant condition	ns contributing to de	ath but not resulting	ng in the underly	ing cause given i	n Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
RECO equires then signed of Health	: MEDICAL						1 TES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
- S S S S	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	Check only one)		
OF V PHYSICIAL this certif with the thed, or	РНУ	1 VES 2 NO  27. MANNER OF DEATH  1 VC (Natural 5 Pending	28s. DATE OF INJ (Month, Day, )	VOutpatient 3 DO URY 28b.	4 Nursing H	NJURY AT WORK?	8 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURED	)
DIVISION OR ATTENDING I DIRECTOR: After hours after death from 28 is mail	ED BY	2 Accident Investigation 3 Suicide B Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY — At home, far (Specify)		YES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Rui	ral Route Number,
AL OR IL DIRI 2 hour	APLET						ue to the cause(s) and mer		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT. If	COMP	2 MEDICAL EXAMINE		Instion end/or investig	ation, in my opinion	, death occured at the			se(s) and manner as stated.  HED (Month, Day, Year)
DE SE SE SE SE SE SE SE SE SE SE SE SE SE	TO BE	3E NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE O	M Ph	D Profes	D42	336	11/2	8/92
		Timethy J. Kan	no - 844	KOKS B	1dg, 5	20 N. Ru	tland Ave	. Bal	fimore MI)
		DEC 0 2 1992	July July Com	A THE					

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9	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 :	
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	E	•
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	R	

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	MPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this ce	be filed within 72 hours after death with ti	IMPORTANT: If Item 28 is marked,

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI			ENTAL HYGI			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1	3.	TIME OF DEATH
	GEORGE A. BE	EAMTSH				MONTH 7 7 _	26- 92	EAR	9:09AM
	4. SOCIAL SECURITY NUMBER				-	7. DATE OF BIRTH (Month, Day, Yea	8.	BIRTHPLA Country)	CE (State or Foreign
	011-01-9669	1 R M 2 □ F 7	5 YRS. MONT	THS DAYS HOUR	IS MIN.	09-03			ACHUSETIS
_	Sa. FACILITY NAME (If not institution, give at	reet and number)	9b.	CITY, TOWN OR LOC	ATION OF DEA	тн	9c. COUNTY	OF OEAT	н
DIRECTOR	G.B.M.C. 6701	N. CHARLE	S STREET	TOWS	ON		BAL	TIMO	RE
EC	10a. STATE 10b. COUNTY			WN OR LOCATION				104	I. INSIDE CITY
띰	MARYLAND BAI	LTIMORE	T	IMONIUM					LIMITS?
	10e. STREET AND NUMBER			101, ZIP C	ODE		10g. CITIZEN		COUNTRY?
FUNERAL	2105 PINE VAL	LLEY DRIVE		2	1093		1	2.1	A
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENOEN	T OF HISPANIC			RACE -	American Indian,
ВУ Р	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		1 Tyes, specify C		Puerto Rican, etc.		Black, Wi Specify:	nite, etc.
			CORSA 1					MY	1173
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade	completed)	(Give kind of work of life. Do NOT use retir	one during most of we	orking	16b, KIND OF	BUSINESS/INDUS	TRY	2
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	7415			TREC	LPII	-	GRAPHIC
S	17. FATHER'S NAME (First, Middle, Last)		SHL		OTHER'S NAME	E (First, Middle, Mai		0101	JIHPHIP.
	ARTHUR	BEAMINH		(	300-	70.05	0.	200	
BE	19a. INFORMANT'S NAME (Type/Pript)	OC1-11 1160-1	196. MAILING ADD	RESS (Street and Nun	nber or Rural Ro	ute Number, City or			
2	FAMILY REC	OROS	SAM	AS A	BOVE				
	20a. METHOD OF DISPOSITION 1 Burlal 252 Cremation 3 Remo		PLACE AND DATE OF DIS			DATE 200	LOCATION — City	y or Town,	State
	4 Donation 5 Other (Specify)	Come	rery, crematory prother pl		ATORY	92	BALTO.	MAG	MADO
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADD	RESS OF FACE	TOFCH	DIM		
	trails to de	Dr. ma		337 C)	TO A K	RODO	-Time	nin.	
	23. PART I. Enter the diseasea, or c	ompilcations that caused	the death. Do not e	nter the mode of	dying, such	aa cardiac or re	spiratory arrest	t,	Approximata
	shock, or neert failure. I	List only one deuse on ee							Intarval Between Onset and Death
	disease or condition resulting in death)	respirat	ory arre	ot FAIL	URE			Ì	3 w/s.
- 9		DUE TO (OR AS A	CONSEQUENCE OF):						
N	Sequentially list conditions,	respirat		ure-					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):						11
SE	CAUSE (Disease or Injury	Chronic	Obstruct	ive lun	g dis	ease			YEARS 3 wts
E	that initiated events resulting in deeth) LAST			TIE				j	3 41/2
CE		ACUTE							3 20 700
¥.	PART II. Other algnificant condition	s contributing to death bu	t not resulting in the	underlying caus	e given in P		AN AUTOPSY FORMED?		RE AUTOPSY FINDINGS
MEDIC						_ 1 _ YE	8 2∑€ NO		MPLETION OF CAUSE DEATH?
ME						_		1 [	YES 2 NO
PHYSICIAN:									La constitución de la constituci
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE O	F DEATH (Chec	k only one)			
₹	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpe	tient 3 DOA 4 D	Nursing Home 5 -		Other (Specify)	W W W W W W O O O O O	250	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?		286. DEŞCHIBE MC	W INJURY OCCUP	IED	
ВУ	2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, farm, street,			28f. LOCATION (Str	net and Number or	Rumi Routi	Number
	4 Homicide B Could not be	building, etc. (Specif	(y)			City or Town, S			
COMPLETED	29a. CERTIFIER 1 SC CERTIFYING PHYSIC	CIAN: To the best of my knowle	vice death conumed at 1	he time date and al		41 - 41 - 4	10.00.2		
MP	anal	R: On the basis of examination							d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				LICENSE NUMB				
BE	11117	Valer	10	7	7/	09	DATE S	V D	nth, Day, Ybar)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)		16	/ /	1,10	N.7.1	1772
	DR BIRTOTO T	- D: AD		OSLER	00	VS - 10	25.25		
	31, DATE FILED (Month, Day Year)	LA SELECTION OF SHAPE		1251	UNI	V2 - 10	MCCONT.	_	
	DEG U 2 1992 7	mention fallen - 1	20%						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	II OR ATTENDING DEVOLUTAY. The fau remises that the death cartificate he executed within 24 hours
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31. DATE FILED, (Month, Day.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	LINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	permit. Pages		
physician.	burlal-transit		
or attending	r use as the		
the hospital	e detached fo		f once.
be retained by	pe 5 should b		a notified a
Раде 6 тау	al director, pag		ner must b
rs after death.	by the funer	removal.	dical exami
within 24 hou	pletely filled is	cremation, or	ent, the me
be executed	ician and com	rior to burial,	traumatic ev
eath certificate	attending phys	rtal Hygiene p	v. or other i
SICIANS THE Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	signed by the	lealth and Me	ws any Injur
The law requ	ate has been	tate Dept. of h	lem 23 shor
G PHYSICIAN.	er this certifica	of with the St	I liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OH ALTENDIN	DIRECTOR: Aft	ours after dea	tem 28 is n
OSPITAL	MERA	Thin 72 1	MAT: 11

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF OFATH Elva A. Brooks 92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) | F UNDER t YEAR | F UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH (Month, Day, Year) a, BIRTHPLACE (State or Foreign 219-32-311.7 1 M 2 F 60 DAYS 01-11-32 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH 2141 Druid Hill Avenue Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY

LIMITS?

1 YES 2 NO MD. Baltimore City 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2141 Druid Hill Avenue 21217 U.S. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO Never Married 2 Married BY 1 YES 2 NO Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) H .. Brooks Mary V. Curtis James BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 105 Enchanted Hills RD. Owingsmills, MD. 111 2 Elizabeth Brooks 28s. METHOD OF DISPOSITION
1ºE Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE commercial commercial confidence of the commercial comm Balto., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.L.Phillips F/HBalto.,MD. 21217 #281 oretha Hector 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximeta ahock, or haart fellure. List pnly one cause on each line. Interval Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ resulting in death) tasta CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED. 6 Could not be 4 Homicide COMPL 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, La	es cooper			2. DATE OF DEATH DO NONTH 2	9 92	040047		
	4. SOCIAL SECURITY NUMBER  182-22-9432  9a. FACILITY NAME (If not institution, gi	1 💢 M 2 🗆 F	65 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS.  THE DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 12-8-26	9c, COUNTY O	PA		
TOR	Loch Raven VA		31	Baltimore	EATH .	sc. cookii o	PUEATH		
DIRECTOR	MD 10a. STATE 10b. COU	NTY		imore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	1631 Cliftvie			101, ZIP CODE 21213		USA	F WHAT COUNTRY?		
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 [V] YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1  YES 2 NO Speci	an, Puerlo Rican, etc.)	В	ACE — American Indian, leck, White, etc. pocify: Black		
COMPLETED	15. DECEDENT'S E (Specify only highest gr		16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during most of working tired.)	16b. KIND OF BU	SINESS/INDUSTR			
E COMP	7th grade  17. FATHER'S NAME (First, Middle, Last)  George Coope	er	16. MOTHER'S NAME (First, Middle, Meiden Surneme) Agnes Hopewell						
TO B	190. INFORMANT'S NAME (Type/Print)  Lorraine Aus			DRESS (Street and Number or Avral Cliftview Av	Route Number, City or Tow				
	20e, METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	b. PLACE AND DATE OF Cometary, Orematory or COMET TO SOM	other place)	em. Owi	ngs, M	r Town, State ills, MD		
	WM C. MARCH F.H./1101 E. NORTH AVE.  23. PART I. Enter the diseases, of complications that caused the death Do not enter the mode of dying, such as cardiac pr respiratory errest,   Approximate								
AL CERTIFICATION	shock, or heart falls  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due to (or as a Due to (or a) Due to	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	Shock IC			Interval Betwee Onset and Deat		
MEDICAL	PART II. Other algnificant condi	tions contributing to death t	but not resulting in	ha undarlying cause given in	n Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Minpatient 2 □ ER/Out		26. PLACE OF OEATH (Check only one)  DTHER:      Nursing Home 8   Residence 8   Other (Specify)					
ву рну	27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident investigati	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (		284. DEŞCRIBE HOW	INJURY OCCURE	0		
E	3 Suicide 6 Could not 4 Homicide detarmine	building, etc. (Spe	Y — At home, farm, stre	et, factory, office	281, LOCATION (Street City or Town, State	and Number or Ru )	iral Route Number,		
COMPLET	Composition of the composition o			nt the time, date and place, and du			se(a) and manner as stated.		
TO BE CO	DIST. SIGNATURE AND TITLE OF CERT	h MD		29c. LICENSE N	UMBER		NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON	. Univ D	MD, B	alt.MD					
	31. DATE FILED (Month, Day, Year)	DEC 0 2	1992	historian-Porple					

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

		TIEGIOTIVIT	CERTIFIC	ALE OF DEATH	HEG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) Caldus	ell		2. DATE OF DEATH DAY	YEAR 7:40 PM
P		4. SOCIAL SECURITY NUMBER 5. SEX 6. A 2 1 8 − 44 − 8 7 3 7 1 🖾 M 2 □ F 4 4 6 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6	. / -	UNDER 1 YEAR OF UNDER 24 HRS, NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month) Day, May — 4	A. BIRTHPLACE (State or Foreign Country) Alabama
2, 3 should	OR	9a. FACILITY NAME (If not institution, give street and number) THE UNION MEMORIAL HOSPIT.	AL	BALTIMORE CIT	EATH 9c.	COUNTY OF DEATH
Ξ.	5	RESIDENCE OF DECEDENT				
permit. Pages	DIRECTOR	MARY MAC	10c. CITY	OWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
慧	FUNERAL	309 GANUSON	en 51	101. ZIP CODE 21216		J. S.A.
11215-0020 or attending physician. r use as the burial-transit	BY FUN	11. MARNAL STATUS  1 ☑ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced  12. WAS DECEDENT EV FORCES? 1 ☐ V FORCES & V FORCE	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 — YES 2 X NO Specif	in, Puerto Rican, etc.)	o- 14. RACE - American Indian, Black, White, etc. Specify: Black
as and	0	AT DESCRIPTION CONTRACTOR		1		
14 14 5	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINES	S/INDUSTRY
AND the hospit detached once.	ő	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Meiden Suma	
# & & <	BE	Charles Caldwell			Pearl Billi	
IE, MARYLAND ay be retained by the hospit page 5 should be detached be notified at once.	9	Charles Caldwell		Grayson Street and Number or Aural		
AORE pe 6 may rector, pa		20a. METHOD OF DISPOSITION 1 □ Burlet 2 □ Cremetton 3 □ Removel from State 4 □ Donation 5 □ Other (Specify)	BOD BLACEAND BATE OF D		DATE SOLLOWING	TO. CO. M.
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SHARRIUME OF FUNERAL SERVICE LICENSEE	(52)	22 NAME AND ADDRESSIS OF PA	North H	The Belt on
		23. PART I. Enter the diseases, or complications that can	used the death. Do not	enter the mode of dying, suc	h as cardiac or respirator	y arrest, Approximate
Do Do E		shock, heart failure. List only one cause of	on each lina.			Interval Between Onset and Death
~ 12 44		disease or condition resulting in death)	atom fai	dune		3 hours
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DS, P the death the atten d Mental		PART II. Other algnificant conditions contributing to dea	th but not resulting in t	he underlying cause given in	Part I. 24s. WAS AN AUTO	DPSY 24b. WERE AUTOPSY FINDINGS
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ITAL V: The law icate has State Dep Item 23	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	Io	26. PLACE OF DEATH (CA	eck only one)	
CIAN: The State the State	YSI	1 YES 2 NO 1 Inpetient 2 ER/		☐ Nuraing Home 5 ☐ Residence	6 Other (Specify)	
O # ## 8	O.	27. MANNER OF DEATH  28e. DATE OF INJU (Month, Dey, Ve		WORK?	28d. DESCRIBE HOW INJUR	Y OCCURED
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DIV ET DIREC	MPLE	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examiner				
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	M	I
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

in fransit permit. Pages 1, 2, 3 should

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		FOR	STATE OF A	MARYLAND /	DEPAR	TMEN	TOFH	ICAITH	AMD I	MENTA	HAGIEN	de.		
_	_	1 - STATE REGISTRAR	OIMIL OF I	CI	ERTIF	ICAT	E OF	DEAT	TH	MIEHIN	REG. NO			
	1	1. DECEDENT'S NAME (First, Middle, Last) Oliver	Carter							2. DATE	OF DEATH	MAY.	92ª	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	- shirtholmul	- IMPE	R 1 YEAR	IF UNDER	24 1990		OF BIRTH	1		5:13 P M
	8	V. GOVERN OF SOUTH !	1. X M 2 □ F	6. MOLE (III yra. ma	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mong	1/92		8. BIRTHE Country	PLACE (State or Foreign
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	OR	Mercy Medical												
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	B	3 Widowed 4 Divorced		PRI ON ONLEG			1   150	2 X NO	Specif	y: 			<b>Брес</b> пу	Black
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	COMPLET	17. FATHER'S NAME (First, Middle, Last)	-					18. MOTI	HER'S NA	ME (First, I	Viddle, Maider	Sumame)		
	BE	George	Edward	Carter	`				Ella	M	arie	Haye	S	
	2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street er	nd Number	r or Rural I	Route Numi	ber, City or Tox	vn, State, Zip	Code)	
		20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPO	errical/Na	eme of		DAT	20c 16	DCATION -	Ohi or Tou	- Panta
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	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	FORCES?	T EVER IN U.S. ARM I YES 2 PRO MAR OR DATES	50	If yes, sp		exican, Pue	IGIN? (Specify Yerto Ricen, etc.)	s or No—	14. RACE - Blook, Specify:	American Indian, White, etc.
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	19a. INFORMANT'S NAME (Type/Print)	SCORI	19b.	MAILING ADDRI	SS (Street a	and Number or F	tural Route I	Number, City or To	wn, State, Zip	Code)	
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TO BE COM DS3034 Epumo FOR An. SHOCITES GOML; BAT. TOPOIS OM 31. DATE FILED (Month, 'Day, Year)
DEC 0 2 1992 32 BEGISTRAR'S SIGNATURE

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TO THE MUSTIAL OF ATTENDING PITTOCHAN. THE JAW TEQUIES THAT THE JAW THE THE LAST THE	hay be retained by the hospital of attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1. 2. 3 should	, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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1 - STATE REGISTRAR		AND / DEPARTM	ICHT OF HEALT	FU AND ME	THE HIVOR		33673
1. DECEDENT'S NAME (First, Middle, L	Lest)	CERTIFIC	ATE OF DE	ATH	REG. N		3. TIME OF DEATH
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4. SOCIAL SECURITY NUMBER 215 01 8506	5. SEX 6. AGE		UNDER 1 YEAR IF U		(Month, Day, Year)	1 1913	BIRTHPLACE (State or Foreign Country)
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MARYLAND B	allimore	Co	101, ZIP C			100 CITIZEN	LIMITS?  1 YES 2 NO  OF WHAT COUNTRY?
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11. MARITAL STATUS  1. Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE WAR OR E	2 NO	13. WAS DECENDED If yes, specify C 1 TYES 2	uban, Maxican,	ORIGIN? (Specify Puerto Ricen, etc.)	fes or No- 14	. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S (Specify only highest)		16a. DECEDENT'S USI	JAL OCCUPATION done during most of w		16b. KIND OF E	USINESS/INDUS	WH113
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	orking	~	- 0 -	
17. FATHER'S NAME (First, Middle, Last	1 1163	19(3)	18. 8	OTHER'S NAME	(First, Middle, Maid	en Surnama)	ν
JOHN	CHOISE			Anc	SLA	DUL	
190. INFORMANT'S NAME (Typo/Prigt)	20802	19b. MAILING AD	DRESS (Street and Nui	AGO1		own, State, Zip Co	cle)
20e. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3	20	b. PLACE AND DATE OF D			-	LOCATION — City	or Town, State
4 Donation 5 Other (Specify)	H	1012 ROSP	B JINS	TERY	92 13	ALTO.	MARYLAGO
De Parla de	Evansh		EVANS E	HAPSI	1- 0A0	mes Tomas	um.
23. PART I. Enter the diseases, shock, or heart falls		ed the deeth. Do not				piratory srres	Approximats interval Betw
iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Congesti Due to con as Worken		facilier	•			Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Chronic	a consequence of:  Dbstructu  A consequence of:	al ferr	lura trafiv	e Puli	nonay !	) is my
that initiated events resulting in death) LAST	d						
PART II. Other significant cond		but not resulting in t	he underlying ceu	se given in Pr		AN AUTOPSY ORMED?	AVAILABLE PRIOR TO
PART il. Other significant cond	d	but not resulting in t	he underlying ceu	se given in Pa	PERF		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant cond	nia		26. PLACE (	se given in Pa	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	AL HOSPITAL: 1 Ompetient 2 = ER/Out	tpetient 3 □ DOA 4	26. PLACE C THER: □ Nursing Home 5 [	F DEATH (Check	PERF 1 YES  conly one)  Other (Specify)	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1  YES 2 2
PART II. Other significant cond  A  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL HOSPIFAE:  1 Whetlent 2 ER/Out  25e. DATE OF INJURY (Month, Dey, Year)	spetiant 3 DOA 4 DOA 28b. TIME 0 INJURY	26. PLACE C THER: Nursing Home 5 F 26c. INJURY A WORK? M 1 YES	DF DEATH (Check	PERF 1 YES	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1  YES 2 2
PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	AL HOSPITAE:  1 Whetlant 2 ER/Out  25e. DATE OF INJURY (Month, Dey, Year)  25e. PLACE OF INJURY building, etc. (Sor	tpetient 3 DOA 4	26. PLACE C THER: Nursing Home 5 F 26c. INJURY A WORK? M 1 YES	DF DEATH (Check Residence 6 T 2 NO	only one)  Other (Specify)  8d. DESCRIBE HON	ORMED? 2   NO	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1  YES 2 2
PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine  29a. CERTIFIER (Check only	AL HOSPITAL:  1 Morpettant: 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Spe	petiant 3 DOA 4 29b. TIME 0 INJURY  Y — At home, farm, streedily)	28. PLACE OF THER:  Nursing Home 5  F 26c. INJURY A WORK? M 1 YES  II, factory, office	PF DEATH (Check Residence 6 T 2 NO 2	only one) Other (Specify) 8d. DESCRIBE HON City or Town, Sta	ORMED? 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1  YES 2  200-
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PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	AL HOSPITAL:  1 See. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the best of my known miners)  MINER: On the best of axaminstic	tpetiant 3 00A 4 28b. TIME 0 INJURN Y — At home, farm, streeticity) wiedge, dasth occurred a on and/or investigation, is	26. PLACE CTHER: Nursing Home 5 F 26c. INJURY A WORK? M 1 YES PI, factory, orfice	PREATH (Check Residence 6 T 2 NO 2 Inca, and due to	Other (Specify)  8d. DESCRIBE HON  City or Town, Sta	ORMED?  2   NO  V INJURY OCCUP  at and Number or  tenner as steted, and due to the c	COMPLETION OF CAUS OF DEATH?  1  YES 2  40-
PART II. Other significant cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1   YeS 2   NO  27. MANNER OP DEATH  1   Netural 5   Pending Investigat 3   Suicide 6   Could no determine  29a. CERTIFIER (Check only one) 2   MEDICAL EXA	AL HOSPITAL:  1 See. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the best of my known miners)  MINER: On the best of axaminstic	tpetiant 3 00A 4 28b. TIME 0 INJURN Y — At home, farm, streeticity) wiedge, dasth occurred a on and/or investigation, is	28. PLACE OF THER:   Nursing Home 5	PF DEATH (Check Residence 6 T 2 D NO 2 lieca, and due to coured at the tin	only one) Other (Specify) 8d. DESCRIBE HON City or Rown, Sta the cause(a) and n	ORMED?  2   NO  V INJURY OCCUP  It and Number or  tenner as steted, and due to the c	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2  440-  RED  RURAL Route Number,  ause(a) and menner as state  IGNED (Month, Day, Year)



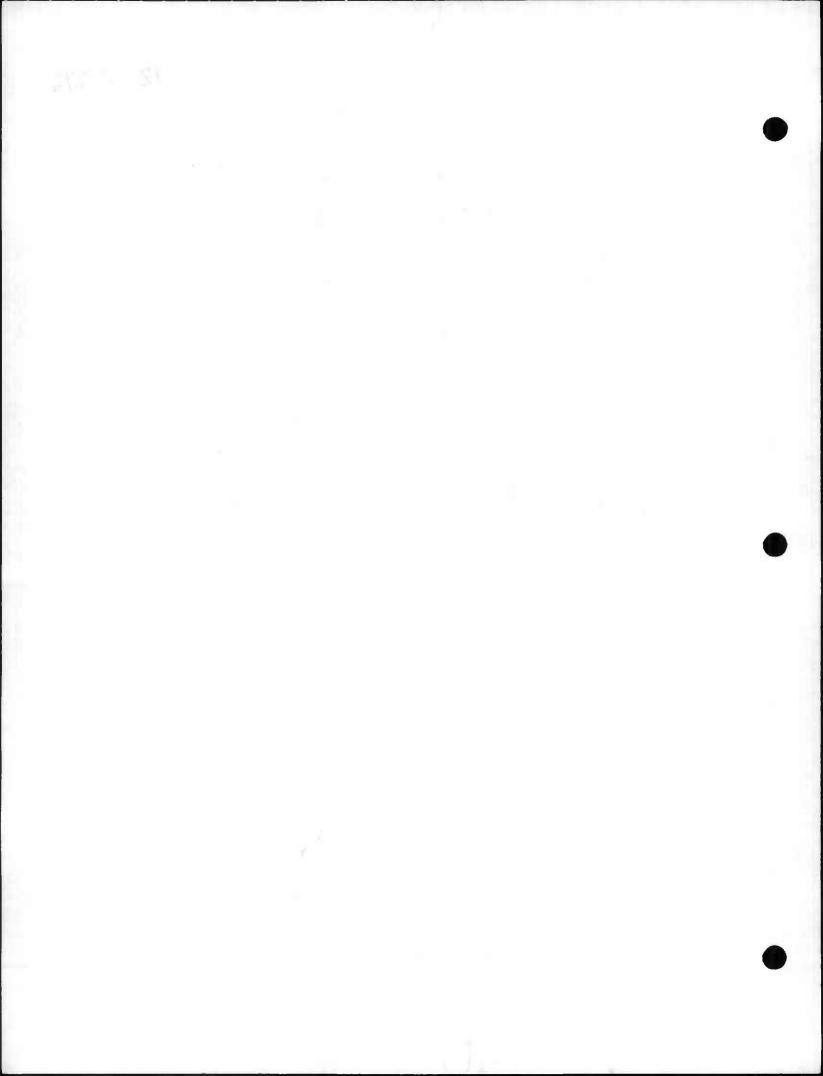
- King St. . .

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1	•	FOR STATE REGISTR	A
Г	1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		HEGISTHAN		CENTI	TICATE	OF DEATH	REG. NO	).			
	1	1. DECEDENT'S NAME (First, Middle, Last)  Reginald Co	les ir				2. DATE OF DEATH		SAR SAR SAR SAR SAR SAR SAR SAR SAR SAR		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)			7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)		
Pin	стов		1 M 2 D F	YRS.	10	AYE HOURS MIN.	1/25/9	2	Balto, Mo		
3 should		9a. FACILITY NAME (If not institution, give s	dical System	<u> </u>		WN OR LOCATION OF E		9c. COUNTY	Uo City		
1, 2,		RESIDENCE OF DECEDENT					W(1).	Cat	aro u rg		
permit. Pages	DIRE	Md .	10c. CI	TY, TOWN OR L	ocation altimore		10d				
sk	FUNERAL	2505 E. Prest	on St.			101. ZIP2CP09 13			USA		
215-0020 attending physician. se as the bunal-transit	BY	11. MARITAL STATUS 1 Prover Married 2 Married 3 Widowed 4 Divorced	N U.S. ABMED 2 4NO DATES	If ye	DECENOENT OF HISPA a, specify Cuban, Maxic YES 女景 NO Spec			RACE — American Indian, Black, White, etc. Specify: ack			
D 21	APLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) infant	CATION completed)  College (1-4 or 5+)	Ille. Do NOT i	work done during	PATION g most of working	166. KIND OF BU		TRY		
be det	BE COMP	17. FATHER'S NAME (First, Middle, Last) Reginald Cole	s, Sr.				AME (First, Middle, Meidel Sha Bro				
MA retain 5 sho notifi	0	19s. INFORMANT'S NAME (Type/Print)  Keisha Brown		196. MAILIN 2505	E. P	rest and Number or Rural reston S	t. Balto	vn. State Zio Co	21213		
도 돈 날 했	į	20 METHOD OF OISPOSITION 1 Dental 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cer	D. PLACE AND DATE	Tone		12/4 Ba	alto,	or Town, State, Md.		
death. Fe funeral	- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	a Morts	In	Ja	mes A. M	orton &	Sons Balto.	, Md.21217		
24 hours aft filled in by lon, or remo		IMMEDIATE CAUSE (Final	List only one cause on e	each line.	not entar the	moda of dying, su	ch aa cardlac or resp	iratory arrest	Approximata Interval Between Onset and Death		
within poletely crema	1	resulting In death)	DUE TO (OR AS	CONSEQUENCE	NOT				10 Mas		
be executed sian and com or to burial, aumatic ex	MOIT	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
other tr	CERTIFICATION	CAUSE. (Disease or Injury that Initiated events resulting in death) LAST									
DS, P. The death of the attend Mental Hy Injury, or	CEF		d								
signed by the Health and Mrs any Inju	N: MEDICAL	PART II. Other algoriticant condition  Operative Fer	s contributing to deeth to the total to the total to the total to the total to		In the unda	flying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 1 NO		
N: The law ficate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			8. PLACE OF DEATH (C	heck only one)				
SICIAN: The law requestions the State Dept. of tem 23 sho	IYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 (Inpetient 2 - ER/Out			Home 5 - Residence					
ONG PHYS After this of death with	ву РНҮ	1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		M 1	WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED		
OR ATTENDING PHECTOR: After mur after death tem 28 is ma	ETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Spe	r — At home, ferm,	street, fectory,	office	28f. LOCATION (Street City or Town, State		Rural Route Number,		
- A -	COMPLE	2 MEDICAL EXAMINE							suse(s) and menner ee stated.		
TO TO TO TO TO TO TO TO TO TO TO TO TO T	O BE	396. SAGNATURE AND TITLE OF CERTIFIER	-MO School	- Med, Dept	M. M.d. Pediatri	29c. LICENSE NU	140	▶ ()	GNED (Month, Day, Year)		
		W- Casey Lenex	Jr. MD 550	18, y Md	Hosp- C	lept Pediatr	TCS, 225. Gra	one St. B	a Himore, MA 21201 Randelle		
		31. DATE FILED (Month, Day, Year)	92. REGISTRAN'S STOP	ZI N	~ I	DEC 219	92 Lulia	Davidson	Pandelle		



	REGISTRAR			CERTIF	ICATE OF	DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last) P.A. E.D.N.A.	ULINE					2. DATE OF DEATH MONTH D	AY_	YEAR	3. TIME OF DEATH
	SETTE			CHRIST		Ţ	November	17, 19	992	9:20
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jumping Pro 16019		8. BIRTHP Country)	LACE (State or Foreig
	211-38-7081			YRS.					Pa	
œ	9e. FACILITY NAME (If not Institution, give					OR LOCATION OF D	EATH	9c. COUNT		
CTOR	Memorial Hospital	L			Cumb	erland		AJ	llega	any
DIREC	10e. STATE 10b. COUNT	erset			Y, TOWN OR LOC					10d, INSIDE CITY
		CISCL			yersda					1 YES 2 NO
ERAL	100. STREET AND NUMBER 515 High Stre	et			11	01. ZIP CODE 1555	5.2	10g. CITIZI	EN OF WI	HAT COUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDEN	YT EVER IN U.	S. ARMED	13. WAS DI		NIC ORIGIN? (Specify Ye	a or No.		- American Indian,
	P☐ Never Married 2 ☐ Married	FORCES? 1	YES 2	≥ ⊠NO	If yes, s	pecify Cuben, Mexic	an, Puerto Rican, etc.)		Black, Specify	White, etc.
BY	3 Widowed 4 Divorced					S 2 NO Speci	····	1	opecny	White
TED	15. DECEDENT'S EDI (Specify only highest grad		16	(Give kind of a	USUAL OCCUPAT	TON nost of working	16b. KIND OF BU	SINESS/INDU	STRY	
J.	Elementary/Secondary (0-12)	College (1-4 or 5	+)	House						
COMPLET	17. FATHER'S NAME (First, Middle, Last)			110456	Lauy	16 MOTHEDIO N	AME (First, Middle, Malden	Comment		
	Paul J. Chris	tner					E. Combs	Gurne/ne)		
3B C	1904_INFORMANT'S NAME (Type/Print) Eddie Christn	0.11		19b. MAILING	ADDRESS (Street	-	Route Number City or Tow	vn, State, Zip (	Cogle)	0
5	Eddie Unristn	er		212	ніgh S	t. Meye	ersdale,	Pa. 1	1555	2
	20e. METHOD OF DISPOSITION	noval from State	20b. PL	ACE AND DATE	OF DISPOSITION (	lame of	OATE 20c. LC	OCATION — CI	ity or Tow	m, State
	1 Donation 5 Other (Specify)			'Union	ther Cece) me t			meyer	sda	le, Pa.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0.1.0.0		M D	NO ADDRESS OF F	coury	oral	Hom	15552
1	M. Ray Leck	my	0100	)94-L	203	North S	emby Fun Street, M	eyers	dal	e, Pa.
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	at ceused th	e death. Do r	not enter the m	ode of dying, su	ch as cardiac or resp	iratory arre	st,	Approximate
i	IMMEDIATE CAUSE (Final	Liet Only One Car								Onset and D
	disease or condition resulting in death)	B	SM			-66 (	A-LU	NO		UNK
		DUE TO	(OR AS A CO	INSEQUENCE OF	7					
ON	Sequentially list conditions,	b. OHE TO	COR AS A CO	INSEDUENCE OF	D:					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	13	527	AL	*-	1c S	PRISAY	-110	19	
IFIC	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CO	INSEDUENCE OF			1 CLIV		(	1
TH	resulting in death) LAST	d								
	PART II. Other algnificent conditio	ne contributing to	death but	not resulting	in the underlyi	as saure shoe le	Part I. 24s, WAS AN	LAUTOROV	1	
DICAL				iot resulting	m the dilderly	ily couse given ii	PERFO	RMED?		WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAU
MEDI							1 TYES :	2 DNO	1 '	OF DEATH?
÷ ×										1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	heck only one)		Ь.	
SIC	EXAMINER?  1 YES 2 100	HOSPITAL: 1 Inpetient 2	☐ ER/Outpatio	nt 3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Residence	8 Other (Specify)			
РНҮ	27. MANNER OF DEATH	28a. DATE OF (Month, E		28b. TIM	E OF 28c. If	JURY AT	28d. OESCRIBE HOW	INJURY OCCU	JRED	
ВУ	1 Defural 5 Pending 2 Accident Investigation				M 1	YES 2 NO				
ED	3 Suicide 6 Could not be	26e. PLACE C building,	of INJURY — etc. (Specify)	At home, farm,	street, factory, off	ice	281. LOCATION (Street City or Town, State,		r Rural Ro	ute Number,
ETE										1.73
P.							e to the cause(s) and ma			13)
COMPL	2 MEDICAL EXAMIN	ER: On the basis of a	examination an	d/or investigation	on, in my opinion,	death occured at the	time, date and place, as	nd due to the	cause(s)	and manner as state
BE	SIGNATURE AND VITLE OF CERTIFIE	2001	//			29c. LICENSE NU	MBER	29d. DATE	SIGNED (	Month, Def. Year)
	Aus	1111	~			D 187	69	1/	1//	8/42
0	30 NAME AND ADDRESS OF DEDOON WI									

WHD COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

32 MEGISTRAR'S SHOW THE CO.

ames DEC 2 1992

Raver, Memorial Hospital, Cumberland, Md

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

use as the burial-transit permit, Pages 1, 2, 3 should

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page 5 should be

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SPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after	NEDAL PUBLICATION this sandificate has bismed by the optimization abundance and second-posits filled in his th
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12-1-92 YEAR Francis Dickinson 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 (M 2 | F 218-05-6458 YRS. 73 09-26-19 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2000 ODell Ave. Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 | YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2000 ODell Ave. 21237 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES TO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) 10 Bartender 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Harvey Dickinson BE Elizabeth M. Loughran notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zio Code) 2 Kathlene Summers Harness Court Apt. 203 Pikesville, MD 21208 9 20a. METHOD OF DISPOSITION
1 Deput 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20a we into 2 Cremation 3 4 Donation 5 Other (Specify) must Cemetery 12/3/92 New Cathedral Baltimore, Maryland is marked, or item 23 shows ony injury, or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cvach/Rosedale Funeral Home enis ed in by the i 1211 Chesaco Ave. Rosedale, MD 21237 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or heart failure. List only one cause on such line. Approximate Interval Between Onset and Death cremation, c IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): the attending physician and con Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING litty Bed Brund. CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS of Health and PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) the State ( HOSPITAL: OTHER-1 YES 2 NO 1 inpatient 2 ER/Outpatient 3 DOA 4 Nursing H me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED After this ce death with t 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be TO THE HOSPITAL OR ATTENC TO THE FUNERAL DIRECTOR; obe filed within 72 hours after of IMPORTANT: If Item 28 Is hours after of 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2/2 2 mann 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Enclus

Lane

31. DATE FRED (More) Day

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000	0020	ng inflysician.	by meeting the funeral diffector, page 5 stitluid be detathed for use as the burial-transit permit. Pages 1, 2, 3 should
12-54	BALTIMORE, MARYLAND 21215-0020	in A noun unit death. Page & ries be refaired by the hospital or attending physician	be detached for use as to
12-61-45U-L	BORE, MARY	(b) & ryby be refaired by	neral director, page 5 stibulation de
	BALTI	24 nours untur death. Pa	filled in by the funeral of on, or semonal
	BOX 68760,	ŧ	process and completely process burilli, creman
	TAL RECORDS, P.O. BOX 6876	The law requires that the death centificate be gescuted w	od by the attending by
	TAL REC	The law requires	ate has been signed by the late Dept. of Hearth and M.

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IG PHYSICIAN: The law requires mat the up	ter this certificate has been signed by the ath with the State Dept. of Health are New	narked or item 23 shows are into
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NDING PHYSICIAN: The law requires that the d	R: After this certificate has been signed by the in death with the State Dept. of Hearn and Me	is marked or item 23 shows are into
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A ATTENDING PHYSICIAN: The law requires that the up	IRECTOR: After this certificate has been signed by the rurs after death with the State Dept. of Hearn and Me	om 28 is marked or item 23 shows any intu-
OR ATTENDING PHYSICIAN: The law requires that the or	DIRECTOR: After this certificate has been signed by the hours after death with the State Dept. of Heam and Miles	item 28 is marked or item 23 shows any intu-
AL OR ATTENDING PHYSICIAN: The law requires that the or	AL DIRECTOR: After this certificate has been signed by the 72 hours after death with the State Dept. of Health and Miles	If item 28 is marked or item 23 shows any intu-
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SPITAL OR ATTENDING PHYSICIAN: The law requires that the in	INERAL DIRECTOR: After this certificate has been signed by the thin 72 hours after death with the State Dept. of Heam and Miles	NT- If item 28 is marked or item 23 shows and inter-
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the of	FUNERAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Dept. of Health and Management of the state of the sta	TANT: If item 28 is marked or item 23 shows any intu-
IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the of	REFUNERAL DIRECTOR: After this certificate has been signed by the of within 72 hours after death with the State Dept. of Health and Market Dept. of Health and Market Dept. of Health and Market Dept. of Health and Market Dept.	BRTANT: If item 28 is marked or item 23 shows any intu-
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the officers that the organized that the organize	THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Hearth	PORTANT: If item 28 is marked or item 23 shows any intu-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the draft configure his prescribed within 24 muins after death. Page & priby be n	TO THE FUNERAL DIRECTOR: After this certificate has been signed to the attention process and companies the my the Inneral offector, page 5 be filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept. of Hear is a filed within 72 hours after death with the State Dept.	IMPORTANT If Hom 28 is marked or Hom 23 shows any inline or other transmission and the marked arramines must be to

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	DAVI				2. DATE O MONTH	DEATH DAY	3 9	3. TIME OF DEATH 2 11:38 a
4. SOCIAL SECURITY NUMBER 212-42-2062	5. SEX 6. AGE (1)	yrs, last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C	Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give JOHNS HOPKINS				OR LOCATION OF I	DEATH		9c. COUNTY BALT	OF DEATH CIMORE
JOHNS HOPKINS  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	10c. CITY	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
		E	ATTU.	1, ZIP CODE	<del></del>		AA OVELEN	YES 2 NO
2909 Beny	1. Are			21	205		u.	S,
3 Widowed Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	DENDENT OF HISP Secify Cuben, Mexic 3 2 NO Spec	can, Puerto R	(Specify Yes of ican, etc.)	r No— 14.	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDI (Specify only highest grad  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done during m e retired.) J	ost of working		KIND OF BUSI	NESS/INDUST	TRY .
17. FATHER'S NAME (First, Middle, Lest)		2116	or- c	10. MOTHER'S N		iddle, Maiden Si	umame)	
the INFORMANT'S NAME (Tree(bird)	)AVIS	19b. MAILING	ADDRESS (Street	and Number or Bure	SSI C	r City or Town	John Jo Con	1500
Robert 3	Johnson	123	4E.	LAGAY	lette	Are	BAI	n, ma
20e METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State 20b.	PLACE AND DATE O	oF disposition (N	ame of	DATE	20c. LOCA	ATION — City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	11	22. NAME A	ND ADDRESS OF F	ACILITY		1101	707
23. PART I. Enter the diseases, or	Complications that caused	Home Dan	11.	29 N.	CA	colin	est	Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death)	Endoca	ch line.						Interval Between Onset and Dea
Sequentially list conditions, if any, leading to immediate chuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO COR AS A  C. DUE TO COR AS A  d. HOMO	m Hern	Strol	Q				5dy
PART II. Other significant condition	ns contributing to death bu	Linot resulting i	n the underlyin	g cause given i		PERFORM	E07	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 O VES 2 TOMO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO   27. MANNER OF DEATH	HOSPITAL:		OTHER:	LACE OF DEATH (C	and the second			
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, War)	29b. TIME	E OF 28c. IN	Ne 5 A Residence	-	(Specify) CRIBE HOW INJ	JURY OCCUR	ED
a Accident Inwestigation	28s. PLACE OF INJURY building, etc. (Speci	– At home, term, x	M + 🗆	VES 2 NO	28f. LOCA	TION (Street are	d Number or F	Burel Houte Mumber
4 Homicide determined		17/2	- 1		0.985	Esseri, Statuj		
(Check only one) CERTIFYING PHYS	ICIAN: To the best of my knowle ER: On the basis of examination							ruse(s) and manner as stated.
296. SIGNATIONE AND TITLE OF CENTURE				29c. LICENSE NU				GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	-			/	
31-,DATE,FILED (Manth App Mar)	B. Britan Hay	dist.						

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

permit. Page	DIR	Md.	Bal	timore		Dunda
is	FUNERAL	1615 Four	r Geo	rges Ct.		
-AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit once.	8	11. MARITAL STATUS 1 Never Married 2 X N 3 Widowed 4 Divorce		12. WAS DECEDENT EVER IF FORCES? 1 XYES IF YES, GIVE WAR OR D. W . W .	U.S. ARMEE 2 NO ATES II N	avy 13
r attend	日		DENT'S EDUC		(Give I	DENT'S USUAL (
Spital o	COMPLETE	Elementary/Secondary (0-1 11 yrs.	12)	College (1-4 or 5+)		vice I
YLAND by the hospit be detached at once.	BE CON	17. FATHER'S NAME (First, Mid LeGrande	Dixo	n		
MAR\ retained t 5 should	0 B	19a. INFORMANT'S NAME (Type Rosalie F		xon		IAILING ADDRES
ay be r		20a. METHOD OF DISPOSITIO				531 G
AOR pe 6 ma rector, p		1 M Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S	3 Remo	oval from State	etery, cremate arri	POPATE OF DISPO
BALTIMORE, MARYLAND 21215-0020 let death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial manual must be notified at once.		21. SIGNATURE OF FUNERAL	SERVICE LICE	Ealson M	. Pe	rkins²²
to the medical completely filed in by ial, cremation, or remarks.	PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disshock, or het IMMEDIATE CAUSE (Fina disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant CIRRHOSIS OF	one, late of conditions	DUE TO (OR AS A	CONSEQUE	INCE OF):
VISION OF VITAL RE ATTENDING PHYSICIAN: The law req ECTOR: After this certificate has been s after death with the State Dept. of 128 is marked, or item 23 sho	TED BY PHYSICIAN	2 Accident In	MEDICAL ending everigation outld not be stermined	HOSPITAL: 1% Inpetient 2 = ER/Outp  28e. DATE OF INJURY (Month, Dey, Year)  11 15 19:9  28e. PLACE OF INJURY building, etc. (Spec	9 2 7 — At home,	8b. TIME OF INJURY 7:06AM

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ε. 11 LeGrande Dixon 30 1992 11:24 Au 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-20-7974 1 🔀 M 2 🗌 F 66 8-7-1926 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH ECTOR Shock Trauma Center Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? alk 1 TES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21224 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 □ YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. White OCCUPATION

during most of working 16b. KIND OF BUSINESS/INDUSTRY Man Auto 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hazel Neal SS (Street and Number or Rural Route Number, City or Town, State, Zip Code) riffin Rd., Berlin, Md. 21811 SITION (Name of 12-3-92) ATE 20c. LOCATION — City or Town, State brest Veterans Owings Mills, Md. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funeral Home, INc. 2134 WIllow SPring Rd., Dundalk, Md. 2122 or the mode of dying, such as cardiac or respiratory arreat, Approximate Interval Between Onset and Death RIGHT WITH COMPLICATIONS inderlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 YES 2 | NO YES 2 NO 26. PLACE OF DEATH (Check only one) rsing Home 5 Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? Jumped from 3rd stry.
Victim of dwelling fire
281. LOCATION (Street and Number or Rural Poute Number,
City or Yours, State) win 1 YES 2 100 Four Georges 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. red at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E 12 01 1992 111 Penn Street, Baltimore, Mario Gol MD Maryland 31. DATE FILED (Month, Day, Year 32 RESISTRAT'S SIGNATURED

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		C	ERTIF	CATE (	OF DEATH		REG. NO.			
1	1. DECEDENT'S NAME (First, Middle,	Lest)					2. DATE (	OF DEATH	AY	YEAR 3.	TIME OF DEATH
	Janice	DITANNI					ilov	ember	27.1	992	9:25 A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. I		IF UNDER 1 YE		7. DATE C	Day, Year)		8. BIRTHPLA Country)	NCE (State or Foreign
	249-98-7402	1 M 2 7 F	39	YRS.				-1953		South	Carolina
-	Se. FACILITY NAME (If not institution,				9b. CITY, TO	WN OR LOCATION OF D	EATH		9c. COUN	TY OF DEAT	Н
0	Franklin Squar	e Hospital C	<u>Center</u>		E	ssex			Bal	timor	2
	10a. STATE 10b. CO			10c, CITY	, TOWN OR L	OCATION					d. INSIDE CITY
DIRECTOR	Virginia	Gloucester				Glouce	star				LIMITS?
	10s. STREET AND NUMBER					101. ZIP CODE	DUCI		10g. CITI		T COUNTRY?
FR	Rt.	5 Box 952				23	3061		Ţ	J. S.	A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S.	ARMED		DECENDENT OF HISPA			or No—		American Indian,
10	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		.]NO		s, specify Cuben, Mexic YES 230 NO Speci		can, etc.)		Black, W Specify:	nite, etc.
											White
11.0	15. DECEDENT'S (Specify only highest	grade completed)	16a. C	Give kind of w	USUAL OCCUI	PATION g most of working	16b.	KIND OF BUS	SINESS/IND	USTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			naker			Dome	etic		
	17. FATHER'S NAME (First, Middle, Las	it)		TIOTICE	HONCE	16. MOTHER'S NA	AME /Elect Ad				
D		James Llo	ovd			-0.14		Thre			
ן מ	19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRESS (St	reet and Number or Rural				Code)	
2	Louis Dilar	ıni		Rt.5,1	30x952	Glouceste	er, Vir	ginia	230	61	
	20a. METHOD OF DISPOSITION  ↑ Description   Description	D	20b. PLAC	E AND DATE O	F DISPOSITIO		DATE		CATION —	City or Town,	State
	4 Donation 5 Other (Specify)			remetory or other	Cemet	erv	11/	30 Roc	k Hil	1,Sou	thCarolina
- 8	21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE			22. NAN	E AND ADDRESS OF F	ACILITY				
	> muchael	Pmasello	_		398	1Carrollto					Service
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			ure equence of tive equence of		itis C			_		Onset and Death
	that initiated events resulting in death) LAST	d		EQUENCE OF							
Į į	PART II. Other significant cond		eth but not	resulting l	n the under	lying couse given in	Part i.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS MLABLE PRIOR TO
EDICAL	Coagulopath	•					- 1	1" YES 2	□ NO		MPLETION OF CAUSE DEATH?
Σ	Disseminate	ed Intravascu	ilar C	oaguli	ation_			,		1 [	YES 2 NO
A N	25. WAS CASE REFERRED TO MEDIC	41									
PHYSICIAN	EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DEATH (C		PARTON IN			
=	27. MANNER OF DEATH	1 Inputient 2 EF		3 LI DOA		Home 5 Residence		(Specify)	N HIRV OCC	LIDED	
-	1 Natural 5 Pending	(Month, Day, 1	Year)	INJI	JRY	WORK?				OHED	
	2 Accident Investigs 3 Suicide 8 Could no	28e. PLACE OF IN	JURY — At I	home, farm, s			28f. LOCA	TION (Street e	and Number	or Aurel Route	Number,
U I	4 Homicide determin		. (Specify)				City o	Town, Stete)			
7	29e. CERTIFIER (Check only 1 CERTIFYING	PHYSICIAN: To the best of my	knowledge.	death occurre	d at the time.	date end place, and rhu	e to the care	e(e) and mer	mer as stet-	ıd.	
COMPL		AMINER: On the basis of exam									d manner as stated.
ŭ	296. SIGNATURE AND TITLE OF CER					29c. LICENSE NU					onth, Day, Year)
ן מ	( )/~v	ROON 10	FIN	1 100	`	31.40			•		
2	30. NAME AND ADDRESS OF PERSO	1300.0	- 114		Print)	- I N/A				27_0	12
	Door 1 4 11	D 0000 F	1		· ·	04.00=					
	31. DATE FILED (MONTH, Day, War)	D 9000 Frank 32. REGISTRAR'S	SIGNATURE	<del>qua re</del>	Drive	21237					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

and the same of

STATE OF	MARYLAND /	<b>DEPARTMENT</b>	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL	HYGIENE REG. NO.		00000
1. DECEDENT'S NAME (First, Middle, Last	,	PINS			2. DATE O MONTH		YEAR 1992	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-01-55	1 🗌 M 2🗶 F	74 YRS.	ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 09/2	8/1918	Ma	ryland
9a. FACILITY NAME (If not institution, give Forest Haven Nur RESIDENCE OF DECEDENT		9	b. CITX TOWN O	N SU	. 1		altimo	
100. STATE 106. COUN	timore Co.	10c. CITY,	TOWN OR LOCAT	ON				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 315 Indelside AV	P			ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  XX Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1  YOU IF YES, GIVE WAR OF	ES 2X NO	13. WAS DEC	ENDENT OF NISPAN city Cuben, Mexical 2 NO Specify	n, Puerto Rk	(Specify Yes or No can, etc.)	14. RAC Blac Spec	E — American Indian, k, White, atc.
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)		life. Do NOT use i	rk done during mo retired.)		16b. F	KIND OF BUSINESS	B/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)		I Home	emaker	10 MOTHER'S NA	ME /Eirol Adi	ddle. Maiden Sumer	1	
Walter Smit	h			Ann	- 100	udie, waten Sumer	710)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural F		r, City or Town, State	e, Zip Code)	
Clementine Hall		712 Be	aumont.	Ave, Bal	to,MD	. 21212		
20a. METHOD OF DISPOSITION   Burlel 2   Cremetion 3   Ra 4   Donation 5   Other (Specify)	moval from State	Balto. Na	TION (Name of cer tional	cenetery cremetory or		20c. LOCATIO	N — City or T	***
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE L. Rus	0)	Josep	o ADDRESS OF FA h L. Rus West Nor	s Fun	eral Hor	ne	. 21216
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	b	IS A CONSEQUENCE OF):	ive	Ca.	-typ	e unkn	New	Onset and Deat
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A	IS A CONSEQUENCE OF):						
PART II. Other algolificant conditi	one contributing to deet	h but not resulting in	the underlying	g ceuse given in		24a. WAS AN AUTO PERFORMED? 1 YES 2 3 N		b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATN (Ch				
1 YES 2 NO  27. MANNER OF DEATN	1 Inpatient 2 ER/C	RY 28b, TIME	OF 28c, INJ	9 5 Residence		(Specify) CRIBE NOW INJURY	COCCURED	
1 Netural 8 Pending	(Month, Day, Yea	nr) INJUI	RY WO	RK? ES 2 NO				
2 Accident investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJUDE	URY — At home, farm, atr Specify)	eet, factory, offic			TION (Street and Nur r Town, Stete)	imber or Rural	Route Number,
000)	YSICIAN: To the best of my ki							(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	TIER	9		29c. LICENSE NUI	MBER 1573	290		0 (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	Parle Heigh			more 1	ND	21208	3	
DEC 0 2 1992	SZ. ECHT ATTE	ANT TO						

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TELL BELLE July to the same of the state of

DITE SEPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z-Mours after death. Page 6 may be retained by the hospital or attending physician.

THE MILEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be as the burlal-transit permit. Pages 1, 2, 3 should be as the burlal-transit permit be used to be a should be used to be as the burlal-transit permit be used to be BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	DOUGLA	S			2. DATE OF DEATH MONTH D.	AV YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 243-38-5436			IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 8-1-16	Coun	HPLACE (State or Foreign try) 174 CARCLINA
BON SELDURS	reet and number) HOSPITA	C	-	N DR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
MG .		10c. CITY,	TOWN OR LO				10d. INSIDE CITY LIMITS? XX YES 2 NO
Ge. STREET AND NUMBER	G.1		Daiti	101. ZIP CODE			WHAT COUNTRY?
1902 W. Fayette  1. MARITAL STATUS    Never Married 2XXMarried	12. WAS DECEDENT EVER FORCES? 1   YES		13. WAS D	21223 DECENDENT OF HISPA specify Cuben, Mexico	NIC ORIGIN? (Specify Years, Puerto Ricen, etc.)	US. o or No— 14. RAC Blo	A. E American Indian, ck, White, etc.
Widowed 4 Divorced	IF YES, GIVE WAR DR			YES 2 XND Specif		Spe	Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	JSUAL OCCUPI ork done during retired.)	ATION most of working	16b, KIND OF BU	SINESS/INDUSTRY	
6 th 7. FATHER'S NAME (First, Middle, Lest)		Custodi	an	16 MOTHER'S N	Mainte		
Council Howard	1				es Leach		
Do. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or Tox	vn, State, Zip Code)	
Mrs. Susie Mil(  ge, METHOD OF DISPOSITION  Describe 2 Cremation 3 Remail  Donation a Other (Specify)	oval from State	d 1902  b. PLACE OF DISPOSI other place)  Arbutus	ITION (Name of	cometery, crematory or	20c. LC	CATION City or	aryland 21 Town, State Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	W-2	22. NAME	AND ADDRESS OF F	Derri	ck C. J	ones F.H.
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF	in a Fi	· · · · · · · · · · · · · · · · · · ·	Ump		
PART II. Other algolificant condition  Gluctu  Park	d	enfalan	n u			RMED?	III. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1-025	as A re		. PLACE OF DEATH (C	heck only one)		
EXAMINER?  1 YES 2 ND	HOSPITAL:		OTHER:	Home 5 - Residence			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year,	28b. TIME	E DF 26c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
3 Suicide 6 Could not be determined	28e. PLACE DF INJUI building, etc. (St	RY — At home, farm, si	treet, factory, o	office	28f. LOCATION (Street City or Town, State		I Route Number,
(Original Oriny	ICIAN: To the best of my kno						e(e) and manner as stated.
	hhundy.			29c. LICENSE NU			ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHAT ADDRESS O	n. Spo	un bay		n nn			

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Pages 1, 2, 3 should

permit.

Certif

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the death certificate be executed within 24 hou
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 9 YEAR 4:25 PM Downs 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTN (Month, Day, Year) 6. AGE (In vrs. leat birthdev IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. HOURI 1 M 2 - F Maryland 7-2-92 Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince George's Hospital Center Prince Georges' Cheverly 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Laure1 TYPES 2 | NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? support by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit man Mental Hygiene prior to burial, cremation, or removal. 11520 Laurel Walk 20707 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced **Black** COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete (Sn Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Marlene Davis 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 the medical examiner must be 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary) cramptory of other place) 20c. LOCATION — City or Town, State DATE Mid 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the disesses, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on sech line. Interval Batwe Onset and Death IMMEDIATE CAUSE (Finel diseese or condition revalelo 21-22 week resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I, 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 5 Residence 8 Other (Specify) 4 🔲 Nun 魯 曹 27. MANNER OF DEATN 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28s. DATE OF INJURY 28b. TIME OF After this ce death with t is marked, 1 Netural 5 Pending Investigation 1 YES 2 NO L OR ATTENDING P L DIRECTOR; After the thours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

The Dest of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner se stated. FUNERAL within 72 h IMPORTANT: If 2 \_ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 불북물 W 229 2 CH 223 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) rince Ger. 32. FEGISTRAR'S SIGNATURE

Lin Deviden Rendall

TO THE MOSPING OR ATTENDING PHYSICIAN. The line requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
certificate be exe	ding physician ar lygiene prior to b	r other trauma	
that the death	ed by the atten-	any injury, or	
a the requires	has been sign. Dept. of Healt	n 23 shows	
PHYSICIAN: Th	this certificate with the State	rked, or iten	
ATTENDING	ECTOR, After is after death	m 28 is ma	
HOSPITAL OR	UNERAL DIF	ANT. If iter	
TO THE	TO THE P	IMPORT	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)				T	2. DATE OF DEATH		3. TIME OF DEATH		
1	Reginald		Fergus	on			3 1992			
	4. SOCIAL SECURITY NUMBER	V		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	HTHPLACE (State or Foreign puritry)		
1	229-88-2538		34 YRS.			9-1-58		"VA		
œ	9a. FACILITY NAME (If not institution, give st	,			OR LOCATION OF DEA	тн	9c. COUNTY O	F DEATH		
DIRECTOR	Prince George:	s Hospital		Cheve:	rly		Princ	e Georges		
EC	10a. STATE 10b. COUNTY			OWN OR LOCAT				10d. INSIDE CITY		
D	MD		Hill	crest				1) YES 2 NO		
MA	10e. STREET AND NUMBER			1	. ZIP CODE			OF WHAT COUNTRY?		
FUNERAL	3320 Curtis Di				20748		USA			
	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	2 V NO	If yes, sp	ecify Cuben, Mexican,	ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No- 14, R	IACE — American Indian, Back, White, etc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES '	1 🗌 YES	2/ NO Specify:		S	Black		
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 1	6a. DECEDENT'S USL	IAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTR			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life, Do NOT use re	tired.)	st or working					
MP	12th grade			_						
၀	17. FATHER'S NAME (First, Middle, Lest)					E (First, Middle, Malden				
BE	Charlie Green 190. INFORMANT'S NAME (Type/Print)					Ferguso				
5	M.D. Wilkinson	F H				ute Number, City or Tox		, VA 23970		
- {	20s. METHOD OF DISPOSITION	20h Pl	LACE AND DATE OF D				CATION — City o	/		
	1 N Buriel 2 Cremation 3 Remo				1 Garde	ns Har	npton,			
į į	21. SIGNATURE OF FUNERAL SERVICE LIC				ID ADDRESS OF FACE					
	The state of the s	XXXX		WM C.	MARCH	F.H./11	01 E.	NORTH AVE.		
	23. PART 1. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	Filme.		N WOV		iratory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):									
A	PART II. Other algnificant condition	a contributing to death but	not resulting in t	he underlying	cause given in P	art i. 24s. WAS AN	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N: MEDIC						-   ^		1 Syres 2 1 Ho		
PHYSICIAN:	28. WAS CASE REFERRED TO MEDICAL EXAMINERY				ACE OF BEATH (Chec	k anly one)				
, Si	TX YES 2 () NO	HOSPITAL: 1  inputient 2  ER/Outputs		Nursing Hom	s 5 🗆 Residence 6	Other (Specify)				
H	27. MANNER OF DEATH	28s. DATE OF BUILDRY (Month, Oay, Year)	286. TIME OF		URY AT	204. DESCRIBE HOW	HJURY OCCURES			
BY	1 Netural 5 Pending 2 Accident Investigation	11/22/199			X	Subject				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree	t, factory, office		Dity or Town, State	and Number or Ru	ral Ploute Number		
E.			Home			3320 Cur		rive		
COMPLETED	(Check only   CENTIFYING PHYSIC	CIAN: To the best of my knowled						- Managara Managara		
8	A	R: On the basis of Exampleation a	navor investigation, ir	my opinion, d			nd due to the cau	ne(s) and manner as stated.		
BE	266 SIGNATURE AND TITLE OF CERTIFIER	all. h.			296. LICENSE NUMB			ED (Month, Day: War)		
2	30. NAME AND ADDRESS OF PERSON WITE	COMPLETED CAUSE OF OCCUPANT	CUTEM STOCKED		O.C.M	.E.	11/	24/1992		
	MARIO & GOLLE	10 110	Carlo Carlo		et, Bal	timore,	Marv1:	and 21201		
	OFC 0 2 1992 4	Colin Marie Color	April 1				The Park	TUSIS DI		

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ELINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should much in 7 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal. cremation, or removal.

IMPORTANT: If item 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)  MARJORIE	H. Flate			2. DATE OF DEATH DAY NOV 30	1992	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 212-10-5470  9a. FACILITY NAME (If not institution, give st	5. SEX 6. AGE (In yrs. In 1 A 2 1/2) F 84	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF DI	11100	Coun	MAYLYANIA
8601 Richmon	d Circle		Parkville	SAIN		IMore
	ALTIMORE			10d. INSIDE CITY LIMITS? 1  YES 2 NO		
100. STREET AND NUMBER 8601 Richmon	d Circle		10f. ZIP CODE	1234		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO 1	3. WAS DECENDENT OF NISPAL If yes, specify Cuben, Mexico 1 YES 2 NO Specif	in, Puerto Rican, etc.)	or No— 14. RAC Blac Spe	E — American Indian, ck, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL Give kind of work do b. Do NOT use retired	ne during most of working i.)	16b. KIND OF BUSIN		
	eves			ME (First, Middle, Meiden S	umame)	
FAMILY Record	5		ESS (Street end Number or Rural	Route Number, City or Town,	State, Zip Code)	
20a_METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State of gernetar		emorial PARK	12/2/93 PA	RKVIII	Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	graves		22. NAME AND ADDRESS OF FU EVANS Chap 8800 HARFO	el of Memo	ries Autmore	Md 21234
23. PART I. Enter the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions,	a. DUE TO (OR AS A CONS)  b. DUE TO (OR AS A CONS)	nte Cov EQUENCE OF:	er the mode of dying, suc	72	100-2	Approximete Interval Between Onset and Death
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS A CONSI					
PART II. Other algorificent condition	ne contributing to death but not			Part I. 24s. WAS AN A PERFORM	MED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	OTH OTH	26. PLACE OF DEATH (C			
27. MANNER OF DEATN  1 K Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE NOW IN	JURY OCCURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street,	factory, office	281. LOCATION (Street as City or Town, State)	nd Number or Rura	il Route Number,
townson ormy	ICIAN: To the best of my knowledge, ER: On the besia of axamination and/o					e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE  MANY  A	enalurly.	MI)	29c. LICENSE NU 1) 2 10		29d. DATE SIGNI	ED (Month, Dey, Year)
30. NAME AND ADDRESS OF PERSON WE M. C. KOUHCER	414 8604 HI	ARDROR	n rd 212	-34		
31. DATE FILED (Month, Day, Year) DEC 0 2 1992	32. REGISTRAR'S SIGNATURE	103				

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			CERTIFIC	CATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, L	ast)				2. DATE OF DEATH		3. TIME OF	
	FSTher  4. SOCIAL SECURITY NUMBER	Remert	-	OLAMI		Novembe	r 30,19		
		5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	7)	. BIRTHPLACE (State Country)	
	218-07-2966  Se. FACILITY NAME (If not institution, g	Λ	14	9h CITY TOWN	OR LOCATION OF DE	3-30-1		Maryland	
OR	Franklin Squar	e Hospital		Rossville				Baltimore	
DIRECTOR	RESIDENCE OF DECEDEN 10a, STATE 10b, CO		10c. CITY,	TOWN OR LOCA	TION			10d, INSIDE	
E I	Maryland Ba	ltimore	I	Baltimon	re			1 YES 2	
1AL	10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZE	N OF WHAT COUNTE	
FUNERAL	7919 Snirley Av				21237			U.S.A.	
B	1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1   YES IF YES, GIVE WAR OR D	2 NO	If yes, op	CENOENT OF HISPAN ecity Cuben, Mexica i 2 NO Specify	n, Puerto Rican, etc.		Black, White, etc. Specify: White	
8	15. OECEDENT'S (Specify only highest (	EDUCATION grade completed)	16a. DECEDENT'S U	rk done during me	ON ost of working	16b. KIND OF	BUSINESS/INDUS		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)			***		
N N	12. 17. FATHER'S NAME (First, Middle, Last		Adminis	stration		West ME (First, Middle, Ma	ern Ele	ctric	
	Howard L. Reme					Bethke	iden Sumame)		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	and Number or Rural F		Town, State, Zip Co	ode)	
2	Doris Porter		7923	Shirley	Ave. Ba	ltimore,	MD 212	37	
	209. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3		b. PLACE AND DATE OF		ame of	DATE 200	LOCATION — CR	ly or Town, State	
	4 Donation 5 Other (Specify)	Ga	rdens of	Faith	12	/4/92	Baltimo	re. MD	
	▶ Denio	S. Kell	1	Cvach 1211	n/Rosedal Chesaco	e Funera Ave. Bal	timore,	MD 21237	
	23. PART I. Enter the diseases, shock, or heart falls IMMEDIATE CAUSE (Final disease or condition	ure. List only one cause on b	ech line.				ophiatory entire	Onset	
z	resulting in death)	CARDINA DUE TO (OR AS A A CUTTE	A CONSEQUENCE OF)	RES	T DIAL	INEA	RETI	T t	
SERTIFICATION		OUE TO (OR AS A CORO)	A CONSEQUENCE OF):	ART	T RDIAL ERY	INFA DISE	RETU	t t	
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhisted events resulting in death) LAST	oue to (or as a Due to (or as a Due to (or as a decided of the to the to the to the total of the	A CONSEQUENCE OF):	ART the underlyIn	ERY	Part I. 24a. WA	A SE	24b. WERE AUTOP MARABUE PI	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhisted events resulting in death) LAST	oue to (or as a contributing to death to the contributing to death to the contributing to death to the contributing to death to the contributing to death to the contributing to death to the contributing to death to the contributing to death to the contributing to death to the contributions contributing to death to the contributions contributing to death to the contributions contributing to death to the contributions contributing to death to the contributions contributing to death to the contributions contributions contributing to death to the contributions	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in	ART	ERY	Part I. 24a. WA	B AN AUTOPSY	24b, WERE AUTOP	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhisted events resulting in death) LAST	oue to (or as a Due to (or as a Due to (or as a decided of the to the to the to the total of the	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in	ART	ERY	Part I. 24a. WA	S AN AUTOPSY	24b. WERE AUTOP MARLABLE PI COMPLETION	
MEDICAL	Sequentisity list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhisted events resulting in death) LAST  PART II. Other significant cond  CERES  3212	oue to (or as a contributing to death to the contributing to death to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribu	A CONSEQUENCE OF:  A CONSEQUENCE OF:  Dut not resulting in  ARCTIC  STR DER	the underlyin	ERY	Part I, 24e. WA. PEF	S AN AUTOPSY	24b. WERE AUTOP MAILABLE PI COMPLETION OF DEATH?	
MEDICAL	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  CERES  52/2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	oue to (or as / Oue to (or as	A CONSEQUENCE OF:  A CONSEQUENCE OF:  Out not resulting in  ARC TO	the underlyin	G CRUSE GIVEN IN	Part I. 24a. WAI PEF 1 YE sck only one)	S AN AUTOPSY FORMEDY S 2 (N NO	24b. WERE AUTOP AMALABLE P COMPLETION OF DEATH? 1  YES 2	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF C	EATH		- VEAR	3. TIME OF DEAT	
	Emery L.					11" 27" 92			92AM	9:08	PM				
	4. SOCIAL SECURITY NUMB 217-09-02		5, SEX 1 2 M 2 D F	6. AGE (In yrs. la 86	st birthday) '	IF UNDER	DAYS	#F UNDE	24 HRS. MIN.	7. DATE OF B (Month, De) 07/25	( Year)		Countr	PLACE (State or For	eign
	9a. FACILITY NAME (If not in			9b. CITY	r, TOWN	OR LOCAT	ON OF DE			9c. COUNTY OF DEATH					
TOR	5957 Elk F		Elkridge Howard												
DIRECTOR	Md.			y, town krid	ige					10d. INSIDE CITY LIMITS? 1 YES 2			NO		
FUNERAL	100. STREET AND NUMBER 5957 ELK F	orest	Court				10	2122	_			10g. CIT	IZEN OF V	WHAT COUNTRY?	
à	t1. MARITAL STATUS  t Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES						If yes, sp		n, Maxica	IIC ORIGIN? (Sp n, Puerto Rican /:					n,
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUC y highest grade 0-12)	CATION completed) College (1-4 or 5 a	) ((	ECEOENT'S Give kind of the Do NOT us	work done se retired.)	during mo	ost of worki	ng	16b, KIN	D OF BUS	INESS/IN	DUSTRY		
	17. FATHER'S NAME (First, M Wade Gowl	liddle, Last)	<u> </u>						HER'S NA	ME (First, Middle	e, Maiden	Surname)			
TO BE	19a. INFORMANT'S NAME (I			16						Poute Number, C				21227	
	20e. METHOD OF DISPOSITI	rON yn 3 □ Remo (Specify)	oval from State	20b. PLACE cemetery, cr Mead	AND DATE	of DISPOS	SITION (Na	ame of	Park	DATE 12/1			City or To	mn, State	
	21. SIGNATURE OF EUDIENA	L SERVICE LIC	I Ka	ulme	2	22.	hame a	L. I	ss of fa	outy nan Fur	era]	l Hon	es		
$\dashv$	23. PART i. Enter the di	seases, or o	omplications the	ceused the d	eath Do r	ot enter	695	Main	1 St.	Elkr	idge	e Mo	1. 2	21227	40
CERTIFICATION	immediate cause (Fir disease or condition resulting in death)  Sequentielly list condit if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuit that initiated events	iona, diete	Care TO	OR AS A CONSE	QUENCE O	n: 7	j 1	Tai The	lu	ny				interval Ba Onsei and	
CERT	resulting in death) LAS	T L												-	
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5	EXAMINER?	O MEGICAL	HOSPITAL:	EB/Outs Nove		OTHE	R:	-		6 Other (Spi					
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TED BY	3 Suicide 8	Investigation Could not be detarmined	28e. PLACE O building,	F INJURY At he	ome, farm,	street, fac				28f. LOCATION		nd Numbe	r or Rural F	Route Number,	
COMPLETED	anal		CIAN: To the best of R: On the basis of a:											i) and menner ea at	ated.
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2	30. NAME AND ADDRESS OF	PERSON WHI	2 V 2	SE OF DEATH (ITE	, , ,,		4,	Hle	BA	uxent	Pa	ku.	1	olun	1
	31. DATE FILEO (Month, Day, DEC 0 2	1992	32. REGISTRA	R'S SIGNATURE				112		1,000	, , , ,	/	7	0 / 00 / 1	
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	1. DECEDENT'S NAME (First, Middle, Las	st)			AIL OI	DEATH	2 DAT	REG. NO	•		3. TIME OF DE	ATA:
		E.					MON	TH D		EAR		ATH
	A. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	ARDNE	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		92	9 • 26	Formire
	171-58-9339	12≦ M 2 □ F	25	YRS. MO	NTHS DAYS	HOURS MIN.	(Moi	nth, Day, Year) 11–196		Country		o.o.g.
- 1	9a. FACILITY NAME (If not institution, giv			9b	CITY, TOWN	OR LOCATION OF D			9c. COUNTY	OF DE		
6	MEMORIAL HOS				CUMBE	RLAND			ALLEG	ANY	Z	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COU			10c. CITY, TO	OWN OR LOCA	TION				T	10d, INSIDE CI	Υ
5	West Virginia	Monongal	ia			Morga	ntow	n			LIMITS?	NO
IAL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITIZEI	N OF W	HAT COUNTRY?	
FUNERAL	Rt. 6						505			S.	Α	
BY FU	1   Never Married 2   Married 3   Widowed 4   Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N	MED IO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Speci	an, Puerto	ilN? (Specify Yes Rican, etc.)	s or No— 14	Black, Specify	- American in White, atc.	
	15. DECEDENT'S El (Specify only highest gra	DUCATION ade completed)	16a. DE	CEDENT'S USL	JAL OCCUPATI	ION cet of working	16	Sb. KIND OF BU	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	- Ma	Do NOT use rei	tired.)	on or morning						
SMP.	12 17. FATHER'S NAME (First, Middle, Last)			Masor	n				truction	on		
		Donald E.	Gardner	.Sr.		18. MOTHER'S NA		Middle, Maiden Dixon	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)	DOING III			DRESS (Street	and Number or Rural			n, Statu. Zio Co	ode)	_	
5	Donald E. Gard	dner,Sr.		t 6 Box		Morgant						
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Re	emoval from State	20b. PLACE A	ND DATE OF D	ISPOSITION (N	ame of			CATION — City			
	4 Donation 5 Other (Specify)		Fleto	cher Ce	~		12	3 Morg	gantown	n,We	estVirg	įir
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	224		22. NAME A	ND ADDRESS OF FA	ACILITY	Marzul:				
	resulting in death)  a. // CULIFUL MUNULA  DUE TO (OR AS A CONSEQUENCE OF):										Interval Onset a	
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AL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the conditions of	DUE TO  c.  DUE TO  d.  HOSPITAL: 1   Inpatient Xi)  26e. DATE OF (Month, Di 1 1 / 28 / 28e. PLACE Of building,  YSICIAN: To the best of exiting the completed cause WHO COMPLETED CAUSE  C. G. H.T. M.D.	(OR AS A CONSECTION OF THE CON	DUENCE OF):  DUENC	28. PTHER: Nursing Hor F 28c. IN. M 1 It factory, office t the time, date n my opinion, of	LACE OF DEATH (C/	beck only of the control of the cont	PERFOR 1 YES 2  Ner (Specify) ESCRIBE HOW I T VE R  CATION (Street is yor Yourn, State) VA RTI Busse(a) and mare to and place, and	NJURY OCCUP  IN AU'  and Number or  E . 5 0 , (  The stated, and did to the c  29d. DATE S  1 1	Pural Reco CAP	WERE AUTOPSY MAILABLE PRIO COMPLETION OF DEATH?  IMPAC  OUTO Number,  ON BR	FIND TO CAU

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## BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	METAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	notified at once.
thin 24 hours after death. Page 6 may be	etely filled in by the funeral director, page	INTERIOR 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
at the death certificate be executed wit	METAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur-	ly injury, or other traumatic even
NG PHYSICIAN: The law requires that	fter this certificate has been signed	marked, or item 23 shows an
OSPITAL OR ATTENDI	INERAL DIRECTOR: A	NT/II Item 28 Is

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest)  LENA E, GROSS  2. DATE OF DEATH MONTH 947 YEAR 1609 PM
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1  N 2  N 8  YRS. 6. AGE (In yrs. last birthday) 1  N 1  N 2  N 8  YRS. 6. AGE (In yrs. last birthday) 1  N 2  N 8  N NONTHIS DAYS HOURS MIN. 7. DATE OF BIRTH (Morth, Day, Year) 1  N 2  N 8  N NONTHIS DAYS HOURS MIN. 7. DATE OF BIRTH (Morth, Day, Year) 1  N 2  N 8  N NONTHIS DAYS HOURS MIN.
стов	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  SINGS HOSP.  96. COUNTY OF DEATH  BALTO MORE, MD BALTO, CITY
DIRECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY LIMITS?  12D TES 2 \( \text{NO}\) NO
FUNERAL	100. STREET AND NUMBER  3800 W. Belverdere Ave. 2/2/5 10g. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 4 Divorced  1 Never Married 4 Divorced  1 Never Married 5 Never Married 5 Never Married 6 New Married 7 Never Married 7 Never Married 8 Never Married 8 Never Married 8 New Married 8 Never Married 9 Never Marri
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  If a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)
COMPLETED	17. FATHER'S NAME (First, Middle, Least) 16. MOTHER'S NAME (First, Middle, Maiden Surname)
BE C	John Elliott Annie mends
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stredt and Number or Profit Profit City or Figure, State, Zip Code)  19c. MAILING ADDRESS (Stredt and Number or Profit Profit City or Figure, State, Zip Code)  19c. MAILING ADDRESS (Stredt and Number or Profit Profit City or Figure, State, Zip Code)
	20a. METHOD OF DISPOSITION  1
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY  24. NAME AND ADDRESS OF FACILITY  25. NAME AND ADDRESS OF FACILITY  26. NAME AND ADDRESS OF FACILITY  27. NAME AND ADDRESS OF FACILITY  28. NAME AND ADDRESS OF FACILITY  29. NAME AND ADDRESS OF FACILITY  21. SIGNATURE OF FUNERAL SERVICE LICENSEE
	Yosiph L. Kusa 2282 W, North Ave,
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such ea cardiac or reapiratory arrest, ahock, or heart feliure. List only one ceuse on sech line.  IMMEDIATE CAUSE (Final
	discess or condition a. BRAWSTEM HOWIATON  BUE TO OR AS A CONSEQUENCE OF:
N	Sequentially that conditions to PICP
CATIC	If any, landing to immediate cause. Enter UNDERLYING  MASSIVE HEMOURIAGE CVA
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST
AL CE	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
MEDICA	PERFORMED?  AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  HOSPITAL: OTHER:
HYS	1 YES 2 MO 15 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 268. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED
ВУР	Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO
TED	3 Suicide 6 Could not be 4 Homicide determined 26s. PLACE OF INJURY — At home, farm, street, factory, office 26s. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TOPEC	296. SIGNATURE AND TITLE OF CERTIFIER  HOVSE STAFF  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  1/29/92
H	BR MAH'MOVA, DEPT UR WITH MED, SINAT HOSP, BACT. 21215 MD
	DECEMBER 1992 GULL STATE VOLATURE

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	TO THE WOOD ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE TOTAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
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	1 - FOR STATE OF MARYLI	AND / DEP	PARTMENT OF H	EALTH AND ME	NTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)				DATE OF DEATH		3, TIME OF DEATH
	Jellerson GIB	Jefferson GIBSON					2.45a m
1		n yrs. lest birthd	fay) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH	8 92	THPLACE (State or Foreign
							ntry)
	9a. FACILITY NAME (If not institution, give street and number)				-07-190		orgia
œ	0 6		A	R LOCATION OF DEATH		9c. COUNTY OF	
DIRECTOR	Bonselour Hospita		barr	timore		bout	more
E I	10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY
등	MD	- 1	Baltimo	re			LIMITS?
	10s. STREET AND NUMBER		1 404	ZIP CODE			1X YES 2 NO
FUNERAL	040 W Instantan Street						WHAT COUNTRY?
N.	940 W. Lexington Street			21223			S.A.
	1 Never Married 2 Married FORCES? 1 YES	2 NO	13. WAS DECI	ENDENT OF HISPANIC ( Icify Cuban, Mexicen, P	ORIGIN? (Specify Year uarto Ricen, etc.)	or No- 14. RAI	CE — American Indian, ck, White, atc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	TES		2 NO Specify		Spe	Black
	15. DECEDENT'S EDUCATION	10- DEGEORN	1			1	
	(Specify only highest grade completed)	(Give kind	IT'S USUAL OCCUPATIO f of work done during mos of use retired.)	it of working	16b. KIND OF BUS	INESS/INDUSTRY	
7	Elementery/Secondary (0-12) College (1-4 or 5+)		or and remed.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						
8	Jefferson Gibson			18. MOTHER'S NAME		Surneme)	
BE				Dollie			
2	19a. INFORMANT'S NAME (Type/Print)		ING ADDRESS (Street or				0
	Leola Savage	940	J W. Lexi	ington S	treet,	Balto.,	MD 21223
		PLACE AND DA	TEOF DISPOSITION (Nar	ne of	DATE 20c. LO	CATION - City or 1	Town, State
			Hill Cem.		12/ Anne	a Arund	lel Co., MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			D ADDRESS OF FACILIT	гү		
	Deseph L. Russ Idage	)	Josep	ph L. Ru	ss Fune:	ral Hon	ne, 2222-26
_			W. No	orth Ave	nue, Ba	lto., N	ID 21216
	23. PARTI. Enter the diseases, or complications that caused shock, or heart fellure. List only one cause on ea	the death. D ch line.	D not enter the mod	de of dying, such as	cardiec or respi	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final						
	disesse or condition Pull would						
	DUE TO (OR AS A CONSEQUENCE OF):						
Z	Sequentially list conditions, b. OVCV	who	lming	Sepsis			
ĔI	If sny, leading to immediate	CONSEQUENCE	E OF):	1			
2	CAUSE (Disease or Injury	onic	llenal	Failu	,VC		
₽ II	that initiated events DUE TO (OR AS A resulting in death) LAST	CONSEQUENCE	E DF):				
CERTIFICATION	d						
	PART II. Other significent conditions contributing to death but	it not resultin	ng in the underlying	Cause olven in Der	1. 24e, WAS AN	urmanau la	
CAL			ng in the olicertying	Coose given in rai	PERFOR		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC/					1   YES 2	XNO	OMPLETION OF CAUSE OF DEATH?
Σ					.	' I	1 TES 2 NO
PHYSICIAN:							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			ACE OF DEATH (Check of	only one)		
S	1 YES 2 NO 1 Inpatiant 2 ER/Outpa	rtlent 3 🗆 DO/	OTHER:	5 🗆 Rasidenca 6 🗆	Other (Specify)		
£	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)		TIME OF 28c. INJU	IRY AT 260	1. DESCRIBE HOW IN	JURY OCCURED	
ВУ	Natural 5 Pending		M 1 Y	ES 2 NO			
	3 Suicide 26s. PLACE OF INJURY -	A1 home, far	m, atree1, factory, office	261	LOCATION (Street as	nd Number or Rural	Route Number
回日	4 Homicide datarmined building, atc. (Specif	(y)			City or Town, State)		
9	20a. CERTIFIER A VCERTIEVING PHYSICIAN. To the heat of an in-		- V. 125000 8050			The second	
ξ	(Check only one)  CERTIFYING PHYSICIAN: To the beet of my knowle one)  MEDICAL EXAMINES: On the beet of averaged one	ondica law att	curred at the time, data a	and placa, and due to the	ne ceuse(a) and men	ner ee stated.	TO ANALYSIS AND THE LAND
COMPLET	2 MEDICAL EXAMINER: On the beels of examination	endor investig	enon, in my opinion, de	arn occured at the time	, date end place, and	due to the ceuse(	a) end manner ea stated.
BE	29b. SIGNATURE AND TITLE OF GERNIFIER		// 1	29c. LICENSE NUMBER		29d. DATE SIGNE	D (Month, Day, Year)
2	neway (downty	Buch	Olicer	p380	943	► 11/2	8/92
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (7)		-	A		1
	Coliver Clourent	122.	S. Cavi	cue st	Bult	more	WOV 21261
	of C. Marie Piles (Marie 1992	URE				,,,,,,,,,,	1
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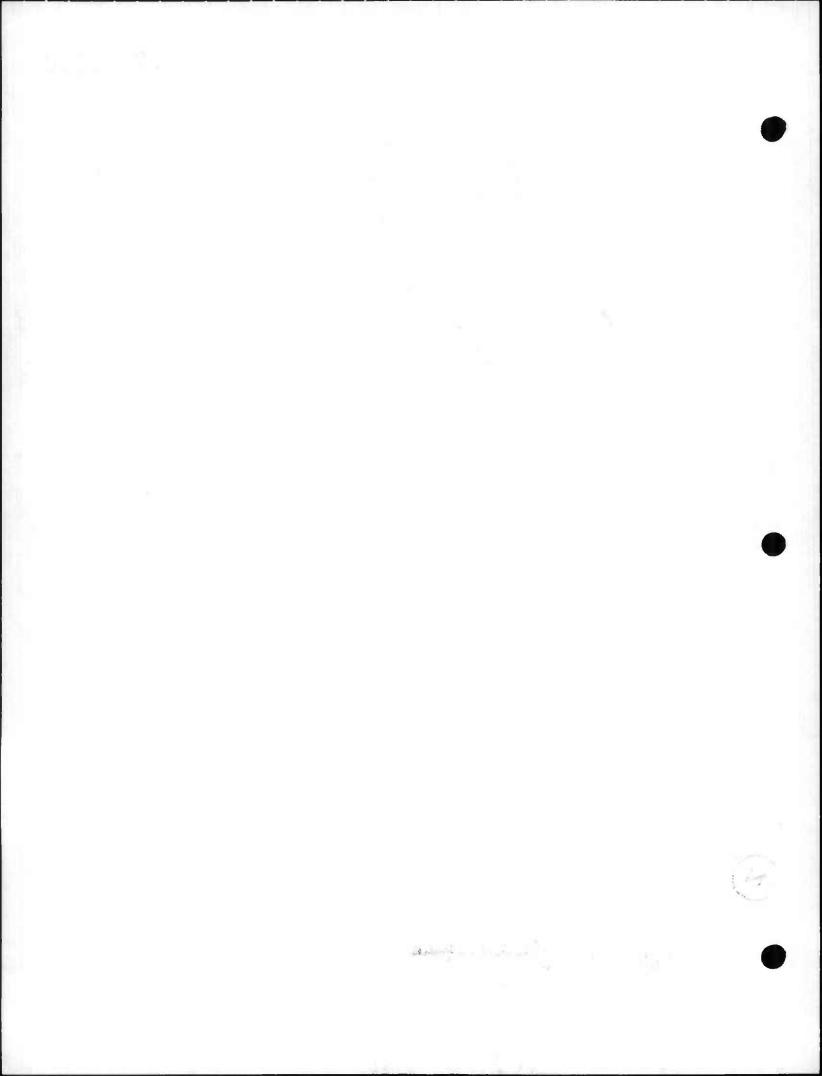
NAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should ?? hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal. executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. IL OR ATTENDING

								92	33690	)	
	FOR  1 - STATE REGISTRAR	STATE OF MARYLA			T OF HEALTH E OF DEAT						
()	1. DECEDENT'S NAME (First, Middle, Last)		OLITI	IIIOAI	L OF DEAT		REG. NO.		3. TIME OF DEATH	4	
	JAMES E	GREEN					11 19	92	EAR	М	
			n yrs. last birth	day) IF UND	R 1 YEAR IF UNDER	24 HRS. 7.	DATE OF BIRTH (Month, Day Year)	8.	BIRTHPLACE (State or For	wign	
8	1214-20-3310		58 vr	RS. MONTHS	DAYS HOURS	мм. 2	(Month, Day, Year) -24-24	E	SALT. MD		
œ	98. FACILITY NAME (If not institution, give stree 3709 BOWERS AV			1,000	Y, TOWN OR LOCATIO			9c. COUNTY			
ō.	RESIDENCE OF DECEDENT	E •		1	BALTIMOR	E, M	D.	T.			
DIRECTOR	10a. STATE 10b. COUNTY				OR LOCATION		10d. INSIDE CITY				
	MD. BALTIMORE								1 N YES 2	NO	
PAL	100. STREET AND NUMBER 3709 BOWERS A	VE			101. ZIP COOE						
FUNERAL		2. WAS DECEDENT EVER IN	T-Section 1				1207		S.A.		
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	13	If yes, specify Cuber	n, Mexican, P		or No- 14	Black, White, etc.	_	
B	3 Widowed 4 Divorced	4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 1 NO				Specify:			Specify: BLACK	(	
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON mpleted)	16a. DECEDE	d of work done	during most of working	0	16b, KIND OF BUS	INESS/INDUS	TRY		
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)  SHIPFITTER					BETH	ST.	EEL		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				I sa MOTH	ED'O MAME				_	
Ö	WILLIAM GREEN BELLE						IAME (First, Middle, Malden Surname)				
BE C	19a. INFORMANT'S NAME (Typer/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							ode)			
5	MARJORIE GREEN 3709 BOWERS AVE. BALT. MD. 21207										
	20e, METHOD OF DISPOSITION  1 Burlal 2 Cremetion 3 Remove	20b.	PLACE AND D	ATE OF DISPO	SITION (Name of		OATE 20c. LO	CATION — CIT	y or Town, State		
	ARBUTUS MEM. PARK 11-23-92 BALT. COU  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY						COUNTY				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	4	N	UTTER F	UNER	AL HOME	21	216		
	Herbert	C. N	ull	2 سع	501 GWY	NNS 1	FALLS PI		BALT. MD.		
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
	iMMEDIATE CAUSE (Final disease or condition	( ) 1	4.4	,	F = 1 -				Onset and	Death	
- 1	resulting in death) a	Cordio DUE TO (OR AS A	CONSEQUEN	CE OF):	The land						
Z									į		
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENC	CE OF):							
2	CAUSE (Disease or injury	Enter UNDERLYING									
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENC	CE OF):							
R	d										
	PART ii. Other significant conditions of	contributing to death by	t not result	ing in the u	nderlying cause g	iven in Par	t i. 24a. WAS AN		24b. WERE AUTOPSY FIN AMILABLE PRIOR T		
S	HTN (hy	pr fer job	)				1   YES 2		COMPLETION OF CA OF DEATH?		
PHYSICIAN: MEDICAL	Non Lynn	0: a bo 12	<u></u>						1   YES 2   N	0	
AN	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DE	ATM /Check	neti essì				
SIC	EXAMINER?	IOSPITAL:	ntlent 3 (D/o	OTHE OA 4 1 No							
ξĺ	27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)		TIME OF	28c. INJURY AT		d. OESCRIBE HOW IF	JURY OCCUP	RED	_	
BY	1 Netural 5 Pending 2 Accident Investigation	(world), day, roury		M	WORK?	NO NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specia	— At home, fa	irm, street, fe	ctory, oifica	28	t. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,		
E	An Company										
COMPLETED	29e. CERTIFIER (Check only one)										
8	One) 2 MEDICAL EXAMINER: (	Un the basis of examination	and/or investi	igation, in my						eted.	
H	296. SIGNATURE AND TITLE OF CERTIFIER	4	Mehn.	0	29c. LICE	NSE NUMBE	(3.0)		IGNED (Month, Day, Year)		
ဥ	30 NAME AND ADDRESS OF PERSON WHO C	u /		men	/ 11)	-124	00	- /	1/21/52		

	4	7 Rednown
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	

2 1992

JE REGISTRAN'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	THE ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Jury after death. Page 6 may be retained by the hos	P. PRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detach. Record after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	Finan 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 STATE	STATE OF MARYLAN			MENTAL HYGIEN	92 NE	33691		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Jast)	heenlera.	CERTIFICA	TE OF DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
OR	4. SOCIAL SECURITY NUMBER 218 - 18-2532  90. FACILITY NAME (If not institution, give st METICIAN NSG.	1 - 1- 1 -	7. DATE OF BIRTH (Month, Day, Year) EATH	00	BIRTHPLACE (State or Foreign Country)  aryland  or DEATH  TIMORE				
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY		imore Parkville				10d. INSIDE CITY LIMITS?		
	Maryland Balt 100. STREET AND NUMBER		10g. CITIZE	1 TES 2/1 NO					
BY FUNERAL	6629 Wycombe Way  11. MARITAL STATUS  1	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	S. ARMED	21234  3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic  1 YES 2XXNO Speci	an, Puerto Rican, etc.)		SA  RACE — American Indien, Black, White, etc.  Specify:		
COMPLETED	18. DECEDENT'S EDUC (Specily only highest grade Elementary/Secondary (0-12) 8th grade	Kopper		White TRY					
BE CON	17. FATHER'S NAME (First, Middle, Leet) Peter Student  18. MOTHER'S NAME (First, Middle, Melden Surneme) Sophie Pollock								
TO E	199. INFORMANT'S NAME (Type/Print)  Carl R. Greenber  190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  4103 Perry View Rd. Baltimore, Md. 21236								
	20s. METHOD OF DISPOSITION X X Burlal 2 Cremation 3 Remo	Pai	rkwood Cer		-92 Bal	ocation — cit .timore	y or Town, State , Md .		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Leseral He		22. NAME AND ADDRESS OF F Lassahn Funer 7401 Belair R		ore, Md	. 21236		
7	23. PART ! Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, above, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Attended Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, interval Batween Onset and Death of the control of the contro								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUSOFF COMPLETION OF C								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES NO	HOSPITAL: 1   Inpatient   2   ER/Outpatie	ent 3 DOA	26. PLACE OF DEATH (C					
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED		
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	factory, office	28f. LOCATION (Stree City or Town, State		Rural Route Number,		
COMPLETED	one)	CIAN: To the best of my knowledger: On the besie of examination an							
TO BE C	296. BIGNATURE AND TITCE OF CERTIFIES	: Wym	`	Sec. LICENSE NO	JMBER 7		NGNED (Month, Day, Year)		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

NEGO

152. REGISTRATES SIGNATURE

Sergio

31. DATE FILED (Month, Day, Year)
DEC 2 1992

- 13A

	permit.		
proposician.	nding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit,		
or attending	use as the		
the nospital	detached for		
etairied by	should be		
Les dineate de executed within 24 fours after beauti, rage o may be relatived by the hospital of attending physician	ector, page 5		
Dealli. rag	e funeral di	·	
מונפו	d in by th	ог гетом	
WILLING 24	pletely file	Hygiene prior to burial, cremation, or removal,	
CARCUIRO	n and com	to burial,	**
Ullicate De	g physicia	iene prior	
20	ndin	F.	

	TTEM: 5 PER  FOR STATE REGISTRAR	F.H. G-694 12/10 STATE OF MARY	LAND / DEPAR		HEALTH AND F DEATH	MENTAL		12 .	33692
10	1. DECEDENT'S NAME (First, Middle, Lest)  Edward F.  4. SOCIAL SECURITY NUMBER	Grimes,					nber 18, 1	992	3. TIME OF DEATH
	213-01-9203  as. FACILITY NAME (If not institution, give	K⊠ M 2 € C	(In yrs. lest birthday)	MONTHS DAYS	HOURS MM.	July	16, 1911	Maryl	and .
СТОВ	Washington County Hospital			96. CITY, TOWN OR LOCATION OF DEATH Hagerstown			Washington		
DIRE		n hington		r, town on Loc ncock	CATION				10d. INSIDE CITY LIMITS? 1 XES 2 NO
FUNERAL	100. STREET AND NUMBER  213 Fulton Stre			101. ZIP CODE 21750			US	A	HAT COUNTRY?
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 ZNO	If yes,	ECENDENT OF HISPA apacity Cuban, Mexic ES 2 X NO Speci	an, Puerto Ri	(Specify Yes or No— can, etc.)	Black, Specify.	- American Indian, White, etc. : White
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		life. Do NOT us	ork done during i e retired.)			UND OF BUSINESS/IN	DUSTRY	
COMPL	12 Manage 17. FATHER'S NAME (First, Middle, Lest) George Walter Grimes		Manager	·	C & P Telephone/Utility  18. MOTHER'S NAME (First, Middle, Melden Surname)  Mary Ellen Sullivan				
TO BE	190. INFORMANT'S NAME (Type/Print) Edward F. Grimes,				t and Number or Rural	Route Numbe	n Sullivar or City or Town, State, Z Maryland	p Code)	707
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	20	b. PLACE AND DATE Of metery, cremetory or ot edar Lawn	F DISPOSITION	Name of	OATE		City or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE L	11/6	7.4		AND ADDRESS OF FA	CILITY			Md. 21750
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause List only one cause on a	ed the death. Do n	ot entar tha n	node of dying, suc	th as cardi	ac or respiratory ar	rest,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS cOUE TO (DR AS d							
MEDICAL C	PART II. Other algoriticant condition	na contributing to death  Why  Center	but not resulting l	on the underly	ing cause given in		24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
SICIAN	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAE:	tpatient 3 DOA	OTHER:	PLACE OF OEATH (Ci				
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TiMi	URY 28c. I	NJURY AT WORK?  YES 2 NO		CRIBE HOW INJURY OF	CURED	
ETED E	3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, s sc/fy)	treet, factory, of	fica	281. LOCAT City or	FION (Street and Number Fown, State)	r or Rural Ro	ute Number,
COMPL	in and it is a second of the s	SICIAN: To the best of my know ER: On the basis of examination							and manner as stated.
TO BE (	296. SIGNATURE AND TITLE OF CENTUR	W- V	40	1	29c. LICENSE NU	180	29d. DA	E SIGNEO	Month of Sent
	Se HARRE AND ADDRESS OF PERSON WI	OWL	EATH (ITEM 27 Gypo,	Print)	tag @	B 10	252 10	100	200

32, REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR 1 -

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		-				ORIL OI	DEAIL		- PIE	G. NO.			
	1. DECEDENT'S NAME (First, Mid	idle, Last)						2	DATE OF D	EATH DAY	,	YEAR	3. TIME OF CEATH
	Vernon	Н.	Helwig					-		12/9		TEAN	12:50 A M
	4. SOCIAL SECURITY NUMBER	5. SE		GE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24		. DATE OF BI (Month, Day,			8. BIRTH Country	PLACE (State or Foreign
	214-18-0736	5 1 1 1 1 1 1	M 2   F	96	YRS.	NONTHS DAYS	HOURS	MIN.		9/18			
	9a. FACILITY NAME (If not institut	tion, give street an	d number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GE							
8	Cardinal Shehan Center-Stella Mar			ris	Tows	On			- 1	Ra	ltim	oro	
DIRECTOR	RESIDENCE OF DECED	DENT b. COUNTY									Da	1111	DIE.
Ē	Md Baltimore					TOWN OR LOCA	TION						10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER												1 YES 2 NO
FUNERAL		Dood				-1	of. ZIP CODE				10g. CITI		HAT COUNTRY?
밀	1520 Daytona						21234					USA	
5	11. MARITAL STATUS 1 Never Married 2 Married		AS DECEDENT EVE DRCES? 1   Y	R IN U.S. ARM	EO	13. WAS DE	CENDENT OF pecify Cuben,	HISPANIC Maxican, f	ORIGIN? (Sp.	ecify Yes	or No—	14. RACE Black	- American Indian, , Whita, etc.
B	3 🔀 Widowed 4 🗌 Divorced		YES, GIVE WAR O	R DATES	1 TES 2 NO Specify:				5100)		Spech	y:	
	15. DECEOF	NT'S EDUCATION		16a DEC	EDENT'S II	SUAL OCCUPAT	104		T	22217	1		ite
E	(Specify only high	heat grade comple	-	(G/v		ork done during m			16b, KIND	OF BUS	INESS/IND	USTRY	
2	Elementary/Secondary (0-12)	Colle	ige (1-4 or 5 +)			,							
COMPLETED	17, FATHER'S NAME (First, Middle	Last)			PA		40 MOTUE	DIC NAME	(First, Middle,		ting		
	Christian Al	hort Ho	Turi or								sumame)		
BE	19a. INFORMANT'S NAME (Type/F		TWTd	106	MAII ING A	DDRESS (Street			e V. I				
2	Helen Bateman	,											
	20a. METHOD OF DISPOSITION					Dayton		Ba					
	1 Burlet 2 Cremation :		om State	cemetery crem	story or other	er niece)		į			ATION —		
	21. SIGNATURE OF FUNERAL SE			Teellak	June	Cremato	ND ADDRESS	OF FACIL	12/3	RaT.	t1mo1	ce, r	Ma.
	I A A A A						ing Asl			cal I	Iome.	. Inc	C.
	Meller	al. C		JUD!		736 E	monds	on A	venue	•	21228	3	
	23. PART i. Enter the disea shock, or heart	ses, or compli	cations thet cau	sed the dea	th. Do no	t enter tha m	ode of dying	, auch a	a cerdiac o	r reapir	atory arm	eat,	Approximata
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final Onset and Death												
	resulting in death) . Cancer of the Prostate												
1	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions,												
CERTIFICATION	til any, leading to immediata cause. Enter UNDERLYING												
3	CAUSE (Disease or Injury	c											
E	that initiated eventa resulting in death) LAST		OUE TO (OR A	S A CONSEOL	IENCE OF):								
英		d											
	PART ii. Other significent c	onditiona conf	ributing to deet	h but not re	suiting in	the underlyin	g cause giv	en in Par	rt I. 24a.	WAS AN A	UTOPSY	7 24b.	WERE AUTOPSY FINDINGS
EDICAL										PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									- 10	YES 2	□ NO	1 .	OF DEATH?
													1 YES 2 NO
Σ									-			- 1	
Σ	25. WAS CASE REFERRED TO ME	EDICAL				26. 8	ACE OF DEAT	TH Wheek	note and			1	
Σ	EXAMINER?	HOS	PITAL:			OTHER:	LACE OF DEA		,,				
Σ		HOS 1 🗆 I	patient 2 - Eng		DOA 4	OTHER:	ne 5 🗆 Raald	lence 8	Other (Spec		HIEV ACC	I I	
Σ	EXAMINER?  1	HOS 1   1		ry /T		OTHER:    ON   OF   26c, IN   W	DURY AT	lence 8	,,		JURY OCC	URED	
Σ	EXAMINER?  1 VES 2 NO  27. MANNER OF DÉATH  1 Natural 5 Pend 2 Accident Inves	HOS 1	Sa. DATE OF MULII (Month, Day, No.	TO At hom	DOA 4	OTHER:    Cyluming Hor  OF 28c, IN  NY  M 1	DURY AT DRK?	lence 8 [	Other (Special DESCRIBE	HOW IN			
Σ	EXAMINER?   1   YES 2   NO	HOS 1	8a. DATE OF INJUR	TO At hom	DOA 4	OTHER:    Cyluming Hor  OF 28c, IN  RY  M 1	DURY AT DRK?	lence 8 [	Other (Spec	(Street an			oute Number,
Σ	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident 3 Suicide a Coult 4 Homicide detar	HOS 1	8a. PLACE OF INJUDUITIES OF INJUDITIES OF INJUDUITIES OF INJUDITIES OF INJUDUITIES OF INJUDITIES OF INJUDITIES OF INJUDITIES OF INJUDITIES OF	INF — At hom	DOA 4	OF 28c. IN W 1	DURY AT ORK? YES 2   h	28 ND 28	Other (Special Describe	(Street ann, State)	d Number	or Rural R	oute Number,
Σ	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Invest 3 Suicide 8 Coult 4 Homicide detar  29a. CERTIFIER (Check only	HOS 1	8a. DATE OF MANY (Month, Day, 16a. 8a. PLACE OF INJU- building, 16a. 3	199 — At hom becity)	DOA 4	OTHER: OF 28c. IN W 1  net, factory, officet the time, date	JURY AT DRK? YES 2 h	lence 8 28	Other (Special DESCRIBE	(Street ann, State)	d Number	or Rural Ru	
Σ	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pend Inves  2 Accident a Coult 4 Hormicide detar  29e. CERTIFIER (Check only one) 1 CERTIFYR  2 MEDICAL	HOS 1	8a. DATE OF MANY (Month, Day, 16a. 8a. PLACE OF INJU- building, 16a. 3	199 — At hom becity)	DOA 4	OTHER: OF 28c. IN W 1  net, factory, officet the time, date	JURY AT DRK? YES 2 h	lence 8 28	Other (Special DESCRIBE	(Street ann, State)	d Number	or Rural Ru	oute Number, and manner as stated.
COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Invest 3 Suicide 8 Coult 4 Homicide detar  29a. CERTIFIER (Check only	HOS 1	8a. DATE OF MANY (Month, Day, 16a. 8a. PLACE OF INJU- building, 16a. 3	199 — At hom becity)	DOA 4	OTHER: OF 28c. IN W 1  net, factory, officet the time, date	De 5 Rasid	lence 8 28 10 28 10 28 10 at the time	Other (Special DESCRIBE  II. LOCATION City or Town the cause(s) is, date and p	(Street ann, State)	of Number	or Rural Rur	
BE COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident 3 Suicide a Could detar  29a. CERTIFIER (Check only one) 1 CERTIFVE 2 MEDICAL  29b. SIGNATURE AND TITLE OF 6	HOS 1   1   1   2   2   2   2   2   2   2	8a. DATE OF INJURY (Month, Day, 198 8a. PLACE OF INJURY building star 2	THE PART NAME OF THE PA	DOA 4	OTHER:  Nursing Hot  Sec. IN.  W 1   eet, fectory, officet time, dat in my opinion, officet.	JURY AT DRK? YES 2 h	lence 8 28 10 28 10 28 10 at the time	Other (Special DESCRIBE  II. LOCATION City or Town the cause(s) is, date and p	(Street ann, State)	or as state due to the	or Rural Rur	and manner as stated. (Month, Day, Year)
Σ	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Invest 3 Suicide 8 Coult 4 Homicide 8 Coult detar  29a. CERTIFIER (Check only one) 2 MEDICAL  29b. SIGNATURE AND TITLE OF 6	HOS 1   1   2   2   2   2   2   2   2   2	8a. DATE OF INJUNION (Month, Day 18a. PLACE OF INJUNION BUILD BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILD	DEATH (TEM	TIME INJUI	OTHER:  Nursing Hot  Sec. IN  W  1   set, factory, offi-  at the time, dat  In my opinion,	DURY AT DRK? YES 2 h	lence 8 28 10 28 10 28 10 at the time	Other (Special DESCRIBE  II. LOCATION City or Town the cause(s) is, date and p	(Street ann, State)	or as state due to the	or Rural Ru	and manner as stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Invest 3 Suicide a Couldet detar  29a. CERTIFIER (Check only one) 2 MEDICAL  29b. SIGNATURE AND TITLE OF COULDETS OF THE COULDETS OF T	HOS 1   1   1   2   2   2   2   2   2   2	8a. DATE OF INJUNION (Month, Day 18a. PLACE OF INJUNION DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PLACE DE 18a. PL	DEATH (ITEM	h occurred on,	OTHER:  Nursing Hot  Sec. IN  W  1   set, factory, offi-  at the time, dat  In my opinion,	DURY AT DRK? YES 2 h	lence 8 28 10 28 10 28 10 at the time	Other (Special DESCRIBE  II. LOCATION City or Town the cause(s) is, date and p	(Street ann, State)	or as state due to the	or Rural Ru	and manner as stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident 3 Suicide a Could detar  29a. CERTIFIER (Check only one) 1 CERTIFVE 2 MEDICAL  29b. SIGNATURE AND TITLE OF 6	HOS 1   1   1   2   2   2   2   2   2   2	8a. DATE OF INJUNION (Month, Day 18a. PLACE OF INJUNION BUILD BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILDING BUILD	DEATH (ITEM	h occurred on,	OTHER:  Nursing Hot  Sec. IN  W  1   set, factory, offi-  at the time, dat  In my opinion,	DURY AT DRK? YES 2 h	28 ND 28 28 ND 28 ND 28 ND 28 ND 28 ND 28 ND ND ND ND ND ND ND ND ND ND ND ND ND	Other (Special DESCRIBE  II. LOCATION City or Town the cause(s) is, date and p	(Street ann, State)	or as state due to the	or Rural Ru	and manner as stated. (Month, Day, Year)



hysician.	urial-transit permit. Pages 1, 2, 3 should
YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mendal Hygiene prior to burial, cremation, or removal.  In the State Dept, of Health and Mendal Hygiene prior to burial, cremation, or removal.  In the model at once.
cuted within 24 hours after death. Page 6 n	his cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
w requires that the death certificate be exe	s certificate has been signed by the attending physician and completely filled in by the funer th the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. bd, or item 23 shows any Injury, or other traumatic event, the medical examind.
HUSPITAL OR ATTENDING PHYSICIAN: The la	The FUNERAL DIRECTOR: After this certificate has the with The State Department. If Item 28 is marked, or Item 2:
X HE	ATTE RA

31. DATE FILED (Month, Day

						Ç	32	33694	
	1 - STATE REGISTRAR	STATE OF MARYLAND / CE		OF HEALTH AND	MENTAL HYGIEI REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)	HARRIS			2. DATE OF OEATH MONTH	DAY 28	EAR 3	No 40 A	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (in yrs. less			7. OATE OF BIRTH	8.	/	ACE (State or Foreign	
	011-17-2101	□ M 2 DF 74	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 9-20-	-20- 18 Virginia			
TOR B	9e. FACILITY NAME (If not institution, give street  CHURCH HOME HO  RESIDENCE OF DECEMENT	OSPITAL	EATH	9c. COUNTY	OF DEA	тн			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN		10d. INSIDE CIT LIMITS?				
	10e, STREET AND NUMBER	Baltimore Street AND NUMBER  Baltimore						TYPES 2 NO	
FUNERAL	1917 West Mulh	1917 West Mulberry Street 21					USA		
N S	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N		WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico	NIC ORIGIN? (Specify Y	es or No- 14	RACE -	- American Indian, Vhita, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DATES		1 TES 2 NO Specif			Specify:		
	15. DECEDENT'S EDUCAT		CEDENT'S USUAL O	CCUPATION	16b. KIND OF B	USINESS/INDUS	TRY	Black	
E	(Specify only highest grade con Elementary/Secondary (0-12)		ive kind of work done . Do NOT use retired.)	during most of working					
COMPLETED			Cook	10	Bank		tim	ore	
	17. FATHER'S NAME (First, Middle, Last) Phillip Eldride	~~		200000000000000000000000000000000000000	ME (First, Middle, Maide Llie Hic)	,			
BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRES	S (Street and Number or Rural			ode)		
2	Bernice Eldride		917 Wes	t Mulberry	St. B	altimo	re,	MD 2122	
	20a. METHOO OF DISPOSITION 1√☐ Burial 2 ☐ Cremation 3 ☐ Ramova		AND DATE OF DISP	place)		OCATION — CIT			
	4 Donation 5 Other (Specify)		r Hill	Cemetery NAME AND ADDRESS OF FA	Ba.	ltimor	ral	Co. MD Homes Inc	
	Norman R	Bullett		501 Gwynns					
	23. PART I. Enter the diseases, or con	nplications that caused the de	eth. Do not ente					Approximate Interval Between	
	IMMEDIATE CAUSE (Final Onset and Death								
	disease or condition resulting in death)	DUE TO (OR AS A CONSE		CICRIII		<	_7	eacs.	
z		201 10 (OIL NO N 001102.	A CONSECULIAL OF J.						
ÖĽ.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	QUENCE OF):						
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF):				_		
CERTIFICATION	resulting in death) LAST	100 Miles 100 100 100 100 100 100 100 100 100 10						1	
	PART II. Other significant conditions of	contributing to death but not	resulting in the u	nderfylng cause given ir	Part I. 24a WAS A	IN AUTOPSY	24b. W	/ERE AUTOPSY FINDINGS	
CA	ASCV	2	•			ORMED?	A	MAILABLE PRIOR TO COMPLETION OF CAUSE	
ÆD	Seine	10. P.M	7			2   10		F DEATH?	
PHYSICIAN: MEDICAL	J								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? Check only one)									
ΗXS	1 YES 2 NO 1	□ Inpatient 2 □ ER/Outpatient 3  28a. DATE OF INJURY	26b, TIME OF	rsing Home 5 Residence	6 Other (Specify)	V INLIURY OCCU	RED		
BY PI	1 Netural 8 Pending	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO					
1 286, PLACE OF INJURY — At home, farm, street, factory, office 1 28f, LOCATION (Street and Number of							Rural Ro	ute Number,	
ETE	4 Homicide determined								
COMPLETED	anal and	AN: To the best of my knowledge, de On the basis of examination and/or						and manner on stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER	The second of exemination afteror	verigenou, in my	29c. LICENSE NU				Month, Day, Year)	
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5	20 NAME AND ADDRESS OF BERSON WILL					1 /		- Comment	

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BALTIMORE, MARYLAND 21215-0020

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rours after death. Page 6 may be retained by the hospital or attending physician. the attending physician ar Mental Hygiene prior to t

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH ROBIN HASKINS YEAR 08200 11 4. SOCIAL SECURITY NUMBER 6 SEY 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Md. 212 76 1518 2728760 1 M 2 XF 32 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR University Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore YES 2 NO 10e. STREET AND NUMBER 10/ 7IP CODE 10g. CITIZEN OF WHAT COUNTRY? 1321 Edmondson Avenue 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE -- American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind at work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Housewife notified at once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Haskins Howard Catherine GRay BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 1321 Edmondson Avenue Balto., Md. 21223 Catherine Grav 8 20s. METHOD OF DISPOSITION
1 (X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must King Memorial Park 12/5 Balto., Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons norto ames a. 1701Laurens St. Balto., 21217 Md. medical 23. PARTY Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feliure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition AIDS resulting in death) or other traumatic event, QUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING DIVISION OF VITAL INC.

OTHER ACSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be recommended. DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dopt. of Health and Mental Hygiene prior it IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other trausant properties. CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL RENAL Insufficience AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF OFATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 | NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO B 2 Accident 28e. PLACE DF INJURY — Al home, larm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Konto MO 30/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) 225.6RE4NE51 DEPT- OF MED.

32. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	AL OD ATTEMPRIED DUVELOIANT TE.
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er death. Page 6 may be retained by the hospital or attending physician.	ure funeral director, page 3 should be detached not use as the burial-transit permit. Pages 1, 2, 3 should wal.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE CHARGO IN THE HIS SELECTION AND THE ALCOHOLD PROCHES IN COMPUTED IN THE DESCRIPTION OF THE PART OF THE DESCRIPTION OF THE PART OF THE DESCRIPTION OF THE PART OF THE DESCRIPTION OF THE PART OF THE DESCRIPTION OF THE PART OF THE DESCRIPTION OF THE PART OF THE DESCRIPTION OF THE DESCRIPTION OF THE DESCRIPTION OF THE PART OF THE DESCRIPTION OF THE DESCR	DRIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE OF M	ARYLAND /	DEPARTMENT (	F HEALTH AND	MENTAL HYGIEN		00000				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
1	Philip Ham	men			11 28		2 4:10 pm				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign						
	705-10-9316  ¹໘м²□ғ	75	5 YRS. MONTHS	AYS HOURS MIN.	(Month, Day, Year) 10 24 1	917	Maryland				
	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TO	OWN OR LOCATION OF D	EATH	9c. COUNTY					
DIRECTOR	Bessemer Ave. 6717		Bal	timore							
EC	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR	LOCATION			10d, INSIDE CITY				
	Maryland		Baltimo	re			LIMITS?				
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
E	Bessemer Ave. 6717			21222		Unit	ed States				
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 No  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- FORCES? 1 VES 2 No  14. RACE Black, White, etc.										
ВУ	1 Never Married 2 Married IF YES, GIVE W			es, specify Cuban, Mexico YES 2 NO Specif			Black, White, etc. Specify:				
				X			White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G/v	EDENT'S USUAL OCCI to kind of work done durn Do NOT use retired.)	JPATION ng most of working	16b. KIND OF BU	SINESS/INDUST	TRY				
7	Elementary/Secondary (0-12) College (1-4 or 5 +		,								
ME I	17. FATHER'S NAME (First, Middle, Last)	] we	lder			t Gua	rd				
		•			ME (First, Middle, Maiden						
BE	Joseph Hamme:  19a. INFORMANT'S NAME (Type/Print)		MARING ADDRESS (C		abeth		vessere				
2	Barb Hensley	D.	C C C C C C C C C	treet and Number or Rural	House Number, City or Tox	m, Stete, Zip Cod	, 21222				
	20r. METHOD OF DISPOSITION	205 01 405 41	ND DATE OF DISPOSITI	Ave. 6/1.	DATE 20c. LC	re, M	aryland <sup>21</sup> 222				
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)	cemetery, crem	natory or other place) Stanisla	Name of							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	100 1		ME AND ADDRESS OF FA	LZ/4 Ba	TETINO	re,Maryland				
3	MICO	. 1	W.D	abrowski,	Chojnack	i Fun	eral Chapel				
	Jash a. hogs	schi.	100	5 Dundall	Ave. Ba	lto.,	Md. 21224				
	23. PART I. enter the disesses, or complications that about, or hasrt failure. List only one court	caused the dee e on each line.	th. Do not enter th	a moda of dying, suc	th as cardled or reap	iratory arrest	, Approximats interval Between				
	IMMEDIATE CAUSE (Final	- 1		, 0	Oh,		Onset and Death				
	disesse or condition resulting in death)	VICIL	ar Up	rythouse	2						
	A DUE TO	OR AS A CONSEO	UENCE OF):	,							
CERTIFICATION	Sequentially list conditions, b. DUE TO	OR AS, A CONSEO	LENCE OF								
AT	cause. Enter UNDERLYING		5 Little 51 ).								
띮	CAUSE (Disease or injury that initiated events	OR AS A CONSEQU	UENCE OF):								
8	resulting in death) LAST										
	DARK II Oak - I - Mi - A - I -										
ÄL	PART ii. Other significant conditions contributing to	leath but not re	sulting in the unde	riying csuse given in	Part i. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
ă					1 _ YES :	! □ NO	COMPLETION DF CAUSE OF DEATN?				
ME							1 - YES 2 - NO				
z											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	28. PLACE OF DEATH (Ch	eck only one)						
YS	1 VES 2 NO 1 Inputient 2			Nome 5 Mesidence	8 Other (Specify)						
F	27. MANNER OF DEATH  1 Netural 5 Pending		INJURY	c. INJURY AT WORK?	28d. DESCRIBE NOW	NJURY OCCUR	ED				
B	2 Accident Investigation			YES 2 NO							
8	3 Suicide 8 Could not ba 288. PLACE OF building, s	INJURY — At hom tc. (Specify)	ne, farm, street, factory	office	281. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,				
E					<u> </u>						
MPL	29a. CERTIFIER (Check only one)										
COMPLETED	2 MEDICAL EXAMINER: Do the basis of axi	mination end/or in	vestigation, in my opin	ion, death occured at the	time, data and place, ar	nd due to the ca	nuse(s) and menner ee stated.				
BE (	290. SIGNATURE AND TITLE OF CENTIFIER	ATTEN	BING	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month /Day, Year)				
0	( Ulan -	PH	PSICIAN	0306	. 51	16,	130/42				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS					7					
	A. Alan Reisinger M.D.			ederick R	kd.						
	DFC 2 1992 Julia Saurass	S SIGNATURE DE									
1	DEC 2 1992 1										

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be considered that the State Dept. of Health	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The DIRECTOR: After this certificate has been signed by the attending physician and completely fit in hours after death with the State Dept, of Health	I item 28 is marked, or item 23 shows a

1 - STATE REGISTRAR	STATE STATE OF MARTILAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
1. DECEDENT'S NAME (First, Middle, Las				2. DATE OF DEATH	DAY	YEAR 3. TIM	OE DEATH			
4. SOCIAL SECURITY NUMBER	HOLMES			1111		992 6	pm	M		
244-22-7568	5. SEX 6. AGE (In yrs.	Isst birthday) IF UNDER 1 YEAR  YRS. MONTHS DAY		7. DATE OF BIRTH (Morth, Day, War)	5 1	Country)	State or Foreig			
9a. FACILITY NAME (If not institution, give	o street and number)	011	N OR LOCATION OF I	DEATH	9c. COUNT	Y OF DEATH				
						10d. IN	SIDE CITY			
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1	from Mrs & wife of se	ceased!								
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						1 🗆 YI	ES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (C	heck only one)		1				
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1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	NJURY AT WORK?  YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED				
3 Suicide 6 Could not b	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, factory, of	fice	281. LOCATION (Street City or Town, State		Rural Route Nui	mber,			
29a. CERTIFIER (Check only	YSICIAN: To the beat of my knowledge,	death occurred at the time, d	ete and place, and du	e to the cause(a) and ma	nner as stated					
	NER: On the basis of examination and/	or Investigation, in my opinion	, death occured at th	e time, data and place, a	nd due to the	cause(s) and mi	anner as atate	d.		
29b. SIGNATURE AND TITLE OF CERTIF	MD		29c. LICENSE NU			25/92	Day, Ybar)			
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)			-		m	D		
JR E KAMERRAA  31. DATE FILED (Month, Day, Year)		MEDICAL C	ENTER	STYAULS	MLACE	BALTI	MORE			
DEC 0 2 1992 A	lie Lavidson-Kandal									

Sc. COUNTY OF DEATH

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7. DATE OF BIRTH (Morth, Day, War)

MEDICAL CENTER STPAUL'S PLACE BALTIMORE

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

ROBESON CON

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Mercy Medical Baltimore DIRECTOR 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ROBESON LUMBERTON 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE ROUTE BOX 184 28358 U.S. A. 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO 14. RACE — American Indian. Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced AMER IND ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only high COMPLI DRXWAII & PAINTING. GO PAINTER 17. FATHER'S NAME (First, Middle, Last) LUTHER Holmes Queenie CHAVIS BE 19a, INFORMANT'S NAME (Type/Print) 2 JENOVA Holmes BOX184 LUMBERTON N.C 28258 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 | | 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE LUMBERTON N.C. FAMILY CEM Donation 5 Other (Specify) m 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY David J. Weber F.H. 401 S. Chester S 23. PART I. Enter the diseases, or come leations that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final the the disease or condition resulting in death) Preumonia DUE TO (OR AS A CONSEQUENCE OF): Septic prior to burial, Shock CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Bronchogenic Carcinoma. CRUSA Enter UNDERLYING CAUSE (Disease or injury or other resulting in death) LAST w requires to been signed by the attention of Health and Mental Has shows any Injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL **MAJLABLE PRIOR TO** COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TES 2 NO PHYSICIAN: has b Dept. R ATTENDING PHYSICIAN: The la RECTOR: After this certificate has urs after death with the State De m 28 is marked, or Item 2 25 WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 1 Natural 5 Pending BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be TOR: after 4 Hornicide OR AT DIRECT hours a 29d, DATE SIGNED (Month, Day, Year) Ramsar 4 11/25/92 m 255 7001 321 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

95 CITY TOWN OR LOCATION OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ERAMBARAN

DEC 0 2 1992

90 MERCY

Jan doon-hande

HOLMES

1 M 2 | F

B. AGE (In vrs. last hirthday)

5. SEX /

WALLACE

4. SOCIAL SECURITY NUMBER



DO NOT ISSUE COPIES,

SEE KATHY OR MARION

FIRST!
Thousand Policies Solen
Sprom Mrs Genova Holmes
wife of secessed!

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (Firs	-0.000							MONTH			YEAR 3	. TIME OF DEATH
1, 2, 3 should		4. SOCIAL SECURITY NUM			RIE HE 8. AGE (In yrs. In		IF UNDER	1 7540	IF UNDER 24 HRS.	NOVE	mber :		992	ACE (State or Foreign
		219-22-130		1 M 2 F	80	YRS.	MONTHS	DAYS	HOURS MIN.	(Month	Day, Year)	1	Country)	
		9a. FACILITY NAME (If not it		street end number)			9b. CITY	, TOWN	OR LOCATION OF DI		.4,19		Mary]	
	DIRECTOR	Lorien-Riverside Nursing Home Belcamp Harfor										rdbr		
	REC	10a. STATE	10b. COUNT	ΓY		10c, C/1	Y, TOWN	OR LOCA	TION				16	Od. INSIDE CITY
permit. Pages		Maryland		rford			Abing							YES 2 NO
sit per	BA					101. ZIP CODE							AT COUNTRY?	
020 physician. burial-tran	FUNERAL	3703D Penns	Lane	12. WAS DECEDENT			13.	WAS DE	21009 CENDENT OF HISPAI	NIC ORIGIN	? (Specify Yes			- American Indian,
21215-0020  J or attending physician.  for use as the burial-transit	ВУ	1 Never Married 2 🖸 3 Wildowed 4 Divi	-	FORCES? 1 [ IF YES, GIVE WA							Specify:			White
1215-0 r attending use as the	GE	15. DEC (Specify on	CEDENT'S EO	UCATION le completed)	(0	ECEDENT'S	work done	CCUPATI	ION lost of working	16b.	KIND OF BUS	INESS/INDU	STRY	***************************************
	LET	Elementary/Secondary (	0-12)	College (1-4 or 5+)	- 100	. Do NOT u	se retired.)			_	المداد ماما	a a de la	Ch	
YLAND 2 by the hospital be detached to at once.	COMPL	17. FATHER'S NAME (First, A	fiddle, Last)			Sale	esper	5011	18. MOTHER'S NA	_	eparti		Store	1
2 2 2 M	BE C	Harry Ri	chter							de Si		Sumensey		
MARYLAND s retained by the hospit s should be detached notified at once.	0 8	19a, INFORMANT'S NAME (			19	b. MAILING	ADDRES	S (Street	and Number or Rural	_		n, State, Zip	Code)	
	F	Franklin E		S		327 E	Red E	omp'	Rd., Be	l Air	, MD	2101	4	
BALTIMORE, er death. Page 6 may be the funeral director, page wal.		20s METHOD OF DISPOSIT 1 X Burlal 2 Cremati 4 Donation 5 Othe	on 3 🗆 Rer	noval from State	carnetery, cr	AND DATE	of olspos other place) Cem	eter	iame of	11/2		eation — co ltimo		
ALTIN death. Pag e tuneral dis		21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE			22.	NAME A	AND ADDRESS OF FA	CILITY				
B by within 24 hours after within 24 hours after cremation, or removal rent, the medical		15. 150	one	allela	~				Harford					
		23. PART I. Enter the control of the	estV tellure	a. List only one ceus	couled the die on each line of a conse	Je	. 10	the mi	ede of dying, suc	Lu	lac or respi	ratory erre	et,	Approximate interval Between Onset and Death
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m % > -	CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ary	e	OR AS A CONSE	CONSEQUENCE OF):								
Trend ath c	当	resulting in death) CAS	"	d										
		PART II. Other signific	ant conditio	ns contributing to	deeth but not	recuiting	in the w	deriyin	ng ceuse given in	Part i.	24s, WAS AN PERFOR			ERE AUTOPSY FINDINGS
Signed by the Health and lows any In	MEDICAL	Strake	140	MICC	Orona	M	and	lu	1 disu	ise	1 TES 2	1	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1TAL RECC N: The law requires loate has been signe State Dept. of Healt Item 23 shows a		Luggette	insom	Chro	10 YES 20							YES 2 NO		
	Ä	25. WAS CASE REFERRED T	OLIO K	ituasy	di	E/H	les	M	ellitus	,				
VITAL  AN: The law tificate has te State Dep	SICI	EXAMINER?	O MEDIONE	HOSPITAL:	ER/Outpatient	L DOA	OTHE	R:	PLACE OF DEATH (Ch					
OF PHYSIC this cer with th	PHYSICIAN:	27. MANNER OF DEATH	Pending	26e. DATE OF I (Month, Day	NJURY	28b. TIR		28c, IN	JURY AT ORK? YES 2 NO		CRIBE HOW II	JURY OCC	VRED	
DIVISION OF CR ATTENDING PHYSI PHYTOR: After this of the after death with 18. 28 is marked,	ED BY	2 D 2-1-14-	Suicide e Could not be								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
N 8 8 3 1		290. CERTIFIER 1 CER	TIFYING PHY	SICIAN: To the best of r	my knowledge d	anth necum	and at the	lma dist	a and place and due	to the sec				
(A	COMP	anal		ER: On the basis of ex										ind manner as stated.
A 4 4 9	BE C	296. SIGNATURE AND TITLE	OF CERTIFIC	ER I	40				29c. LICENSE NUI	MBER		29d. DATE	SIGNED (N	Aonth, Day, Year)
TO THE DE FIRE	2	none	Jan	(au)	17112				D373	64		1	1 25	1921
		30. NAME AND ADDRESS O	PERSON W	AT P	E OF DEATH (ITE	M 27) (Type	Print)	_ /	the dog.	. 1	10	2100	) [	11
		31. DATE FILED (Month, Day,	Year)	32. REGISTRAR	'S SIGNATURE	- JUL	CHE	4 /	maria	4/1	11/	na		1
		DEC 219	92	, a in wheredoor	n-handel	6								

SETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

29b. SIGNATURE AND TITLE OF CERTIFIER

Sedani 31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

BE

2

	HERETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
andoor or fo	be detached	at once.
	age 5 should	be notified
	eral director, p	niner must
	in by the fund r removal.	edical exam
	mpletely filled cremation, o	vent, the m
	sician and con prior to burial,	traumatic e
	attending phy	ry, or other
	signed by the Health and Mi	ws amy inju
	tate Dept. of	tem 23 sho
	er this certificate with the S	narked, or I
	DIRECTOR: Aft	tem 28 Is n
	IN THE BACENAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, crem.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
ø	6 .	È

ages 1, 2, 3 should

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JONES JANET 6:20A. M 30 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH e. BIRTNPLACE (State or Foreign Country) 8/19/17 DAYS 1 M 2 XF 75 214-01-1030 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Balto, Co. General Hospital Randallstown DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21207 2115 Holder Ave. United States 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 4th grade License Practical Nurse 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surneme) Elizabeth Dash William Henry Ebberts BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Elizabeth J. Byers 2121 Holder Ave. Baltimore, MD 21207 20a. METHOD OF DISPOSITION
1 String Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Woodlawn Cemetery 12/01 Woodlawn, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral HOme 8728 Liberty Road Randallstown, MD 21133 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition resulting in death) Right hemisphenic CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 1 
CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Month Day

( \*.,

THE PARTY SERVICES AND THE

D.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The security of the conficulty of fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State that the control of the control o DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Ann

SEP 28

Marie

\*1992

Juna Davidson-Randoll

	1. DECEDENT'S NAME (First, Middle, Last)	11011177110	701111001						2. DATE	REG. NO	MY	YEAR	3. TIME OF DEATN
		HAWKINS							-	T. 20	1149		0305 M
	4. SOCIAL SECURITY NUMBER	5. SEX 1 XM 2 F	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	HOURS	MIN.	SEP	OF BIRTH	20,	9. BIRT	SALISBURY,
O.B.	99. FACILITY NAME (If not institution, give PENINSULA REGION	eath %c. county of death WIGOMICO											
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNT  MD.  WIC		10d. INSIDE CITY LIMITS?										
	MD. WICOMICO FRUITLAND  100. STREET AND NUMBER P.O. BOX 731  101. ZIP CODE 21826											TIZEN OF	1 ☐ YES 2 ☑ NO WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. AR YES 2 N	MED	H	f yes, sp	ecity Cub	OF NISPA en, Mexico Special	en, Puerto	N? (Specify Ye Rican, etc.)	? (Specify Yes or No 14. RACE American		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) NONE	College (1-4 or 5	(G	CEDENT'S U	retired.)	CUPATIO	ON ist of work	ing	16	b. KIND OF BU	SINESS/tN	DUSTRY	
NONE NONE NONE NONE NONE  17. FATHER'S NAME (First, Middle, Lest)  POPERT HALHATAGE SOLINGON  18. MOTHER'S NAME (First, Middle, Meiden Surname)													
17. FATHER'S NAME (First, Middle, Lest)  ROBERT HAWKINS JOHNSON  18. MOTHER'S NAME (First, Middle, Meiden Surmame)  MELVONIA GARRETT  19a. INFORMANT'S NAME (Type/Print)  MELVONIA GARRETT  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  ADDRESS SAME AS ABOVE													
	20e. METNOD OF DISPOSITION 1 DXBurlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE A	AND DATE OF	DISPOSI	TION (Na	ime of		9-2		CATION -		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Sensee Ja	lley		22)	TEE	ADDRI	MOR		CHAPEL		. /	BOX 920
	23. PART I. Énter the diseases, or ahock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. 20	t caused the de	estat	t enter						iratory a	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	(OR AS A CONSEC	DUENCE OF):	:								
RTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	QUENCE OF):	:								
MEDICAL C	PART II. Other algnificent condition	a contributing to	death but not re	eculting in	the unc	deriying	g ceuse	given in	Part I.	24a. WAS AP PERFO 1 YES	RMEO?	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF	DEATH (Ch	neck only o	ne)			
	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF (Month, D	INJURY		OF Nurs	ing Hom 28c. INJ WO	URY AT			or (Specify) SCRIBE NOW	INJURY OC	CURED	
FED BY	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO										and Numbe	r or Rural	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												e) and manner as stated
BE CC	29b. SIGNATURE AND TITLE DE CERTIFIEI							ENSE NUI					(Month, Day, Year)

160 E CArroll St. Sols

		resa	Johnson	CATE OF DEATH	2. DATE OF MONTH		3. TIME OF 4:30
	4. SOCIAL SECURITY NUMBER  9a. FACILITY NAME (If not institution, given	1 🗆 M 2 💢 F	YRS.	F UNDER 1 YEAR IF UNDER 24 HR NYTHS DAYS HOURS MH	(Month, D	BIRTH ey, Year) 26-92	BIRTHPLACE (State Country) Marylan
CTOR	Greater Balt	imore Medical	Center	Tows on	F DEATH	CV - CV 225	Y OF DEATH
DIRE	Md. Ta	1bot		STON			10d, INSIDE LIMITS? 1 YES
FUNERAL	8456 Ave.	ley Farm Road		101. ZIP CODE 216	01	USA	IN OF WHAT COUNTS
BY	11. MARITAL STATUS Infant 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Ma 1 YES 2X2XNO Sp	xican, Puerto Rici		RACE — American Black, White, stc. Specify: White
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working etired.)	16b. Ki	ND OF BUSINESS/INDUS	STRY
BE COMPL	17. FATHER'S NAME (First, Middle, Last)  Raymond Jeroi	me Johnson		18. MOTHER'S Karer	Lorrai	ne Shepher	
5	per B.C. 12/2/92	kam	19b. MAILING AD	ORESS (Street and Number or Ru	ral Route Number,	City or Town, State, Zip Co	ode)
	20s. METHOD OF DISPOSITION  1	amoval from State co	b. PLACE AND DATE OF C metery, crematory, or other GBMC	DISPOSITION (Name of piece)	OATE	TOWSON,	
	21. SIGNATURE OF PURIFICAL SERVICE			22. NAME AND ADDRESS OF	6701 N	Charles S	
	/ 10	The world was		Greater Balt	imore M	edical Cer	iter
	23. PARTI. Enter the diseases, or shock, or heart feliur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Prematu	each line.	Greater Balt enter the mode of dying,	imore M	edical Cer	iter
RTIFICATION	shock, or heart feilur iMMEDIATE CAUSE (Final diseese or condition	a. Prematu DUE TO (OR AS  OUE TO (OR AS	rity	Greater Balt enter the mode of dying,	imore M	edical Cer	iter ot, Appro
EDICAL CERTIFI	shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. List only one ceuse on  a. Prematu  DUE TO (OR AS  b. OUE TO (OR AS  c. DUE TO (OR AS	PITY A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	enter the mode of dying,	imore M auch es cerdier	edical Cer	24b. WERE AUTOP: ARALABLE PE COMPLETION OF DEATH?
MEDICAL CERTIFI	shock, or heart felius  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit	e. List only one ceuse on  a. Prematu  DUE TO (OR AS  b. OUE TO (OR AS  c. DUE TO (OR AS  d. OUE TO (OR AS	each line.  Pity A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in t	enter the mode of dying,	inore Mauch es cerdier	edical Cer	24b. WERE AUTOP- ARALABLE PT COMPLETION
Y PHYSICIAN: MEDICAL CERTIFI	shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	B. Prematu DUE TO (OR AS  b. OUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. LIONS CONTributing to deeth  HOSPITAL: 1   Inpatient 2   ER/Out  28e. DATE OF INJURY (Month, Day, Year)	each line.  Pity A CONSEQUENCE OF): A CONSEQUENCE OF):  but not resulting in t	26. PLACE OF OEATH THER: Nursing Home 5   Residen	in Part I. 24  (Check only one)	e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOP- AMALABLE PI COMPLETITY  1  YES 2
TED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart felium IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	B. Prematu DUE TO (OR AS DUE TO (OR AS OUE T	PITY A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in to the second of the second	26. PLACE OF OEATH THER: Nursing Home 5   Residen F	in Part I. 24  (Check only one)  ce 8  Other (S  281. LOCATH	e. WAS AN AUTOPSY PERFORMED?  YES 2 NO	24b. WERE AUTOP- AMALABLE PI COMPLETION OF DEATH?  1 YES 2
D BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart felium  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not 8 4 Homicide defermined	B. Prematu DUE TO (OR AS  b. OUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS	PITY A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in to the second of the second	26. PLACE OF OEATH THER: Nursing Home 5   Residen F	(Check only one)  in Part I. 24  (Check only one)  ice 8 □ Other (S  28f. LOCATE City or 1	e. WAS AN AUTOPSY PERFORMED?  YES 2 NO  DOI: NO. (Street and Number or own, State)  a) and mariner as stated	24b. WERE AUTOP AMAILABLE PE COMPLETION OF DEATH?  1 YES 2

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NOV 16 1992

Dr. Frank Bott glieri: 6565 N Charles Street - Suite 313: Towson MD 21204

31. DATE FILED (MOOIN), Day, 1667

32. RECOTTRAR'S SIGNATURE

SUITE STREET SIGNATURE

SUITE STREET SIGNATURE

13 I VOI

		FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM	ENT OF HEALTH AN	ID MENTA	AL HYGIENE REG. NO.								
	3	F-1111	BUSZEWSK	j (J	agusewski)	2. DATE	e OF DEATH	ZEAR 3. TIME OF DEATH 2 25 PM							
P		227-38-1731	1□M2⊠F 79	YRS. MO		N. OC	th, Day, Year)	BIRTHPLACE (State or Foreign Country) Ohio							
1, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give structured of the stru	AL CENT	ER L	PALTIMORI	F C	9c. COUNTY BALL	THORE CITY							
020 phystcian. burlal-transit permit. Pages 1,	DIRECTOR	Maryland 106. COUNTY	PRO		imore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO							
an. transit perr	FUNERAL	1322 James St.			101. ZIP COOE 2122		U.	N OF WHAT COUNTRY?							
21215-0020 or attending physician. rr use as the burial-tran	BY	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF H If yes, specify Cuban, M 1 YES 2 MANO		Rican, etc.)	Black, White, etc.							
D 2121! spital or atter ed for use a	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION 19 Ompleted)  College (1-4 or 5+)	6a. DECEDENT'S USU (Give kind of work life. Do NOT use rel Homemak	done during most of working ired.)	16	b. KINO OF BUSINESS/INDUS	TRY							
; MARYLAND 2 be retained by the hospital ge 5 should be detached to e notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lost) Daniel Gage			18. MOTHER	ane L	Middle, Melden Surneme)								
RE, MARN ay be retained 1 page 5 should 1 be notified	10	Mary Benkowskyj			mes St. Bal		nber, City or Town, State, Zip Co.	ode)							
ALTIMORE, death. Page 6 may be thought director, page		20a. METHOD OF DISPOSITION 1 0 Burlal 2 Cremation 3 Remon 4 Donation 5 Other (Specify)	val from State cemete	ACE AND DATE OF DI day, cremetory or other p	Cemetery	12/	110000000000000000000000000000000000000								
		22. NAME AND ADDRESS OF FACILITY George A. Weber & Sons Inc. 705 S. Ann St. Balto. Md. 21231													
the the		23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due To ion as a condequence of:													
DX 687 be executed cian and con or to burial, aurmatic en	ATION	Dage - in													
P.O. B th certificate anding phys Hygiene p or other	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d													
OR that the any any	EDICAL C	PART II. Other significant conditions	contributing to death but	not resulting in th	e underlying cause give	n in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
> 6 4	Σ							1 TES 2 NO							
上午 8 8 8	rsician:	1 YES 2 NO	HOSPITAL: 1/ Inpetient 2 - ER/Outpetie	ent 3 DOA 4	26. PLACE OF DEATH HER:   Nursing Home 5   Reside										
			28s. DATE OF INJURY	28b. TIME OF	28c. INJURY AT WORK?		28d. DESCRIBE HOW INJURY OCCURED								
O PHY skith with with the physical phys	ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)												
ISION O TTENDING PHYS TOR: After this after death with 28 is marked	ETED BY P	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	(Month, Day, Year)  26a. PLACE OF INJURY —	Al home, ferm, stree		26f. LO	CATION (Street and Number or r or Town, State)	Rural Route Number,							
PHY stiff	MPLETED BY P	1 Natural 2 Accident 3 Suicide 4 Homicide CERTIFIER (Check only 1 CERTIFVING PHYSICI	(Month, Day, Year)  26a. PLACE OF INJURY —	Al home, ferm, stree	the time, date and place, and	26f. LOC C/h	vor Town, State)								
ISION O TTENDING PHYS TOR: After this after death with 28 is marked	PLETED BY P	1 Natural 2 Accident 3 Suicide 4 Homicide CERTIFIER (Check only 1 CERTIFVING PHYSICI	(Month, Day, Year)  26a. PLACE OF INJURY — building, etc. (Specify)  IAN: To the best of my knowled: On the basis of examination as	Al home, farm, stree	the time, date and place, and my opinion, death occured a	26f. LOC C/h	ror fown, State)  suse(e) and manner as stated a and place, and due to the o	cause(s) and manner as stated.							

32 REGISTRAR'S SIGNATURE

DEC 2 1992

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BALTIMORE, MARYLAND 21215-0020 SIGNAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should do not leave any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,  DIVISION OF VITAL RECORDS, P.O. BOX 68760,  DIVISION OF VITAL RECORDS, P.O. BOX 68760,  DIVISION OF VITAL RECORDS and requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  DIVISION OF VITAL BOX 12215-0020  DIVISION	TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION
	j

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											Q	2 33703
	1 - STATE REGISTRAR							EALTH A		MENTAL HYGIEN REG. NO	E	2 33/03
	1. DECEDENT'S NAME (First, WILLIE	, Middle, Last)		KEA	RNEY					2. DATE OF DEATH NOVEMBER	29.19	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	DER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	216-58-00	38	1 🗆 M 2 💓	43	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Country)
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEA						Y OF DEATH
RO	THE JOHNS	S HOPK	INS HOSP	LTAL		BA	LTI	MORE (	CIT	Y	TIMORE CITY	
رق	RESIDENCE OF DEC										1	
DIRECTOR	not. SIATE	10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	TION				10d. INSIDE CITY LIMITS?
1	10s. STREET AND NUMBER					134	170					YES 2 NO
10s. STREET AND NUMBER  11s. MARITAL STATUS  11s. M											N OF WHAT COUNTRY?	
	1 Never Married 2	Married	FORCES?	YES 2	NO	1 1	yea, sp	ecify Cuben, I	Maxica	n, Puarto Rican, etc.)	or No- 14	J. RACE — American Indian, Bleck, White, etc.
BĄ	3 Widowed 4 Divo	rced	IF YES, GIVE V	MR OR DATES		'	☐ YES	3 NO	Specify			Spacify:
03	15. DEC	EDENT'S EDL	CATION a completed)	18a, DE	CEDENT'S	USUAL OC	CUPATIO	ON st of working		16b. KIND OF BUS	SINESS/INDUS	STRY /
	Elementary/Secondary (0		College (1-4 or 5		. Do NOT u	se retired.)	uring mo.	st or working	1			
COMPLET				le	1.1-111	len	d-	Meal	Su	2		
	17. FATHER'S NAME (First, M	idalig Last)						18. MOTHER	R'S NAI	ME (First, Middle, Meiden	Surpame)	
BE	194. INFORMANT'S NAME (T	14/1	MON			_		//	11	Ky WH	11/6	
유	bual	ype/Print)	Abnos	19	b. MAILING	ADDRESS	(Street a	nd Number or	Rural F	Number, City or Tow	n, State, Zip Co	2/2/2
	20a. METHOD OF DISPOSITI	NOW C	JANIET		100	XIO 1	7/1	Ch'o	29	CHO B	110	ma
	1 Buriel 2 Cremetio	n 3 Rem	noval from State	cerpetery, cre			TION (Na	THE OF THE A	ming.	DATE 20c. LO	CATION City	y or Town, State
	21. SIGNATURE OF FUNERAL		CENSEE	1777	<u> </u>	22.1	AME AN	D AODRESS	OF FAC	TI OU	receipt .	they been to
	De Vant	E.	/	11	3		1 100	-1	1			
$\vdash$	22 DADY I Estavable di	141	CRAI	your		/.	121	111-	h	taline	2 5	7
		sert failure.	List only one ceu	t caused the de se on each line	eeth. Do i	not enter	the mo	de of dylng	, such	as cardiec or respi	ratory erres	t, Approximate Interval Between
	IMMEDIATE CAUSE (Fin disesse or condition	iel	1/		C			A		1 11		Onset end Death
	resulting in death)	-	a. Due to	OR AS A CONSE	OUENCE O	R. Eli	4	14.	an f	the		- Lmuelt
z					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				J		
ERTIFICATION	Sequentisity list conditi If any, lesding to immed	diete	DUE TO	(OR AS A CONSEC	OUENCE O	F):						
S	Cause. Enter UNDERLY! CAUSE (Disease or Inju		c									
	thet initisted events resulting in deeth) LAS		DUE TO	(OR AS A CONSEC	DUENCE O	F):						
CER	and a dodiny and		d									
	PART II. Other significe	nt condition	ns contributing to	deeth but not r	esuiting	in the unc	derlying	ceuse give	en in I	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
MEDICA	:1#5	. /	pattice	4	2-6	meh		5-60	0-	A PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEI			/	-				560	2			OF DEATH?
										_		
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:					ACE OF DEAT	TH (Che	ck only one)		
YSI	1 TYES 2 NO		1 Inpatient 2		□ DOA	4 Nursi		5 🗆 Reeld	lence_l	8 Other (Specify)		
	27. MANNER OF DEATH	Pending	28a. OATE OF (Month, D	INJURY ny, Year)	28b. TIM	URY	28c. INJU	URY AT RK?		28d. DESCRIBE HOW II	NJURY OCCUR	NED
B	2 Accident	nvestigation	20. 81405.0			М		ES 2 N	10			
ED		Could not be determined	building,	F INJURY — At horate. (Specify)	me, ferm,	Rreet, facto	ry, offica			281. LOCATION (Street a City or Town, State)	nd Number or i	Rural Route Number,
ш	29a. CERTIFIER											
COMPLETED	(Check only									to the cause(a) and man		
8				aminamon and/or i	investigatio	n, in my op	inion, de	eath occured	at the t	lime, data and place, and	d due to the c	ause(a) and manner as stated.
H	29b. SIGNATURE AND TITLE	1	R	- 1				29c. LICENS	E NUM	BER	29d. DATE SI	IGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF		O COMPLETED CAUS	TEO A	11 130	PO IN	4				- //	129/92
		G. D.	KIELIZ		w 21) (Type,	rnnt)						
	31. DATE FILED (Month, Day, )	feer)	42. REGIOTRA		79							
	DEC 0 9 404	52	La Link	A THE STATE OF THE	8							
	DEL V 4 IX	34-1										

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THE CONTRACT OF THE PROPERTY O

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IGMOD BE OT	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hospital	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital

								33704
	REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF ICATE OF	HEALTH AND ME F DEATH	NTAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Lest)	EDGAR	JONES	KEENE	2	DATE OF DEATH 1	1-25-9	46 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	The state of the s	5. SEX 6. AGE (	In yrs. last birthday)	IF UNDER 1 YEAR		DATE OF BIRTH	I a.	BIRTHPLACE (State or Foreign
			78 YRS.	MONTHS DAYS	HOURS MIN.	(Month Day, War)		Country) MD
E E	Stella Maris Hosp.	et and number)			OR LOCATION OF DEATI	н	9c. COUNTY	Baltimore
ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		ane CIT	Y, TOWN OR LOC	ATIVAL			10d, INSIDE CITY
DIRECTOR		more County	7.00	Cockey			LIMITS?	
IAL	10e. STREET AND NUMBER				Of. ZIP CODE	1030	OF WHAT COUNTRY?	
FUNERAL	10317 M Malcolm							USA
	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, s	ECENDENT OF HISPANIC specify Cuban, Mexican, F		or No- 14.	. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	Yes 1942-4		1 U YE	S 2 NO Specify:			Specify: White
TED	15. DECEOENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S (Give kind of	USUAL OCCUPAT work done during n se retired.)	TION nost of working	Social		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cleric			Federal		.cy
CON	17. FATHER'S NAME (First, Middle, Last)		: ···		18. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
BE (	Robert Henry Keene	9			Edith Jo			
5	19a. INFORMANT'S NAME (Type/Print)  Mary M. Keene		1		end Number or Rural Rout			*
	20a. METHOD OF DISPOSITION		PLACE AND DATE	OF DISPOSITION /				lle, MD 21030
1	1 Burial 2 Cremation 3 Remove 4½ Donation 5 Other (Specify)		etery, crematory or o					
	21. SIGNATUME OF FUNERAL SERVICE LICEN	Ronald W			ANO ADDRESS OF FACILI	DIALE		Y BOARD
	marel//	Jakes	11/30/9		W. Baltimo:			
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis IMMEDIATE CAUSE (Final	nplications that caused at only one cause on ea	I the death. Do a ach line.	not enter the m	node of dying, such a	a cardiac or resp	iratory arrest	, Approximate interval Between
	disease or condition	Malacta	Lia	Pan	state (	7	0	Onset and Death
	disease or condition resulting in death) a	Metasta DUE TO (OR AS A	CONSEQUENCE O		state (	Pance	P	Onset and Death
NO				F):	state (	Pance	P	Onset and Death
ATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE O	F):	state (	Pance	P	Onset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A		r): r):	state (	Pance	P	Onset and Death
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE O	r): r):	state (	Cance	e.P	Onset and Death
S	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	ମ: ମ:		rt I. 24a. WAS ANN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	ମ: ମ:			AUTOPSY IMED?	
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	ମ: ମ:		rt I. 24a. WAS AND PERFOI	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CE	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condit	DUE TO (OR AS A	CONSEQUENCE O	F): F): In the underlyl	ng ceuse given in Pai	rt I. 24a. WAS AN PERFO	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condit	DUE TO (OR AS A	CONSEQUENCE O	F): F): in the underly!  26.1	ng ceuse given in Pai	rt i. 24a. WAS AN PERFO! 1  YES 2	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
EDICAL CE	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condit	DUE TO (OR AS A  DUE TO (OR AS A  contributing to deeth be	CONSEQUENCE O  CONSEQUENCE O  ut not resulting	F): F): In the underly!  OTHER: 4 □ Nursing Ho	ng ceuse given in Pai	rt i. 24a. WAS AN PERFO! 1  YES 2	AUTOPSY MED? No Hospic	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  Contributing to deeth be  CONTRIBUTED TO THE TOTAL:  Inperient 2 ER/Outp  280. OATE OF INJURY (Month, Day, Year)	CONSEQUENCE O  CONSEQUENCE O  ut not resulting  etient 3 □ DOA  26b. TIM	F):  F):  In the underlyic  OTHER: 4   Nursing Ho BE OF 28c. IN FURY M 1	PLACE OF DEATH (Check Time 5   Residence 8   LUBY AT   YES 2   NO	only one)  Yother (Specify)  A DESCRIBE HOW I	AUTOPSY IMED? NO HOSPIC	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO
ED BY PHYSICIAN: MEDICAL CE	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of the	DUE TO (OR AS A  DUE TO (OR AS A  Contributing to deeth be  #OSPITAL:   Inpetient 2   ER/Outp.   28e. OATE OF INJURY	CONSEQUENCE O  CONSEQUENCE O  ut not resulting  etient 3 DOA  26b. TiM	F):  F):  In the underlyic  OTHER: 4   Nursing Ho BE OF 28c. IN FURY M 1	PLACE OF DEATH (Check Time 5   Residence 8   LUBY AT   YES 2   NO	rt i. 24a. WAS AN PERFOI 1 YES 2 - only one)	AUTOPSY IMED? NO HOSPIC	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of the	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth be  HOSPITAL:   Inpetient 2   ER/Outp  28e. OATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	CONSEQUENCE O  CONSEQUENCE O  ut not resulting  etient 3 □ DOA  26b. TIM IN.  — At home, farm,	26. I OTHER: 4   Nursing Ho E OF   28c. II JURY M 1   1 street, factory, off	PLACE OF DEATH (Check time 5   Residence 8   RJURY AT   OFRE 2   NO   NO   NO   NO   NO   NO   NO	only one)  Yether (Specify)  Id. DESCRIBE HOW is City or Yown, State)	AUTOPSY MED? NO HOSpic NURY occur and Number or H	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of the	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth be  HOSPITAL: Inpetient 2 ER/Outp  28e. OATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	consequence of conseq	F):  F):  26.1  OTHER: 4   Nursing Ho  E OF   28c. In  JURY M   1	PLACE OF DEATH (Check time 5   Residence 8   SUBJURY AT ORK? YES 2   NO Ice 26	only one)  Yether (Specify)  Id. DESCRIBE HOW is City or Town, State)	AUTOPSY MED? NO HOSpic NURY occurs and Number or if	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of the	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to deeth be  HOSPITAL: Inpetient 2 ER/Outp  28e. OATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	consequence of conseq	F):  F):  26.1  OTHER: 4   Nursing Ho  E OF   28c. In  JURY M   1	PLACE OF DEATH (Check The 5 Residence 8 Studence 8 Stud	only one)  Nother (Specify)  Id. DESCRIBE HOW in Town, State)  the cause(e) and mainer, and place,	AUTOPSY MED? NO HOSPIC MUURY occurs and Number or H	24b. WERE AUTOPSY FINDINGS. AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of the cause and the cause of injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  Contributing to deeth be  HOSPITAL:  Inpatient 2 = ER/Outp.  28e. OATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Contribution on the bests of examination on the bests of examination of the best of	consequence of conseq	F):  F):  F):  In the underlyle  OTHER:  OTHER	PLACE OF DEATH (Check Ime 5 Residence 8 NUSY AT PYES 2 NO lice 26  te end place, and due to death occured at the time	only one)  Nother (Specify)  Id. DESCRIBE HOW in Town, State)  the cause(e) and mainer, and place,	AUTOPSY MED? NO HOSPIC MUURY occurs and Number or H	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO  CCE BEO  Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause cause. Enter UNDERLYING CAUSE CAUSE CAUSE (CAUSE CAUSE	DUE TO (OR AS A  DUE TO	consequence of conseq	F):  F):  In the underly!  OTHER: 4   Nursing Ho  E OF   URY	PLACE OF DEATH (Check Ime 5 Residence 8 LUBY AT YES 2 NO Ice 26  te end place, and due to death occured at the tim  29c. LICENSE NUMBE D 2708	only one)  Nother (Specify)  Id. DESCRIBE HOW in the cause(e) and mere, date and place, and R	HOSPIC NO HOSPIC NUMBER OF H	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO  CCE SECO  Rural Route Number,  Buse(s) and manner as stated.  GMED (Mont). Day. Year)
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of the cause and the cause of injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cause of injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A  DUE TO	consequence of conseq	F):  F):  In the underly!  OTHER: 4   Nursing Ho  E OF   URY	PLACE OF DEATH (Check Ime 5 Residence 8 LUBY AT YES 2 NO Ice 26  te end place, and due to death occured at the tim  29c. LICENSE NUMBE D 2708	only one)  Nother (Specify)  Id. DESCRIBE HOW in the cause(e) and mere, date and place, and R	HOSPIC NO HOSPIC NUMBER OF H	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO  CCE SECO  Rural Route Number,  Buse(s) and manner as stated.  GMED (Mont). Day. Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPIAL, OR ALTENDING PHYSICIAN; The law requires that the bean definition be because when 24 mous are bean. Tage or may be recaived by the mountaine physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  INEXPERIENTLY IN INTERIOR AT THE 23 shows any Injury, or other traumatic event, the medical examiner must be netflied at once.
THE FIRST NAME OF THE PROPERTY

2

DAVIDS,

ETTIVACE

1992

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 992 10v.30 AQQL 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 - M 2 X F 216564786 YRS. 007.21 PARY 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 109 SOUTH
RESIDENCE OF DECEDENT HARFORC DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BILAIR HARFORE PARYLAND 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? SIR 21014 109 C 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 TES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Specify only higher (Give kind of work done life. Do NOT use retired.) (Secondary (0-12) College (1-4 or 5+) Flementer WYRS - Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) SOPHIA NHOL TAFF BE ORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 AS 20c, LOCATION - City or Town, State METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name netion 3 - Re CARDENS OF FAITH )ARYLAND 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WR OF 231 8800 may 23. PART i. Enter the diseases, Dr complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentieily list conditione, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be COMPLETED 4 Homicide 1 K CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CLUTTER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, BE 20

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jan de Maria

MY

The Johns Hopkins ONC (tr

126

600N No

92-6774-510 FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MPLETED BY FUNERAL DIRECTOR	IN MARITAL STATUS  IN MICH MICH MICH MICH MICH MICH MICH MICH	Mill Road  12. WAS DECEDENT EN FORCES?	AGE (In yrs. les 24  -Apt	2 – B	F UNDER 1 YE MONTHS BAS 1 1	VN OR LOCATION OF D  LIMOTE  CATION		2.9	19	Mar	yland									
ETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER  90. FACILITY NAME (If not institution, give is a constant of the co	1 M 2 □ F  street and number)  Aill Road  Y  Mill Roa  12. WAS DECEDENT EN FORCES? 1 □	AGE (In yrs. les 24  -Apt	yrs.  2 - B	F UNDER 1 YE MONTHS DAY 9b. CITY, TOW Ball	VN OR LOCATION OF D  LIMOTE  CATION	1.1 7. DATE OF	2.9	19	92 B. BIFITHI Country Mar	yland									
ETED BY FUNERAL DIRECTOR	Ba. FACILITY NAME (If not institution, give :  3720 Windsor N RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT  MD.  10c. STREET AND NUMBER  3720 Windsor  11. MARITAL STATUS  12 Never Married 2 Married  15 Never Married 2 Married  15 DECEDENT'S EDU (Specify only highest grade	1 M 2 □ F  street and number)  Aill Road  Y  Mill Roa  12. WAS DECEDENT EN FORCES? 1 □	24 -Apt d Apt	2 – B	9b. CITY, TOWN OR LC	VN OR LOCATION OF D  LIMOTE  CATION	709-	23-6	8	Mar	yland									
ELED BY FUNERAL DIRECTOR	3720 WINGSOR NESIDENCE OF DECEDENT  10a. STATE 10b. COUNT  MD.  10c. STREET AND NUMBER  3720 WINDSOR  11. MARITAL STATUS  11. Marital Status  12. Never Married 2 Married  15. DECEDENT'S EDU (Specify only highest grade	Mill Road  Mill Roa  12. WAS DECEDENT EN	d Apt	10c. CITY	Ball TOWN OR LO	imore	EATH		9c. COUN	TY OF DE	ATH									
ETED BY FUNERAL	MD.  10e. STREET AND NUMBER  3720 Windsor  11. MARITAL STATUS  1 1 Nover Married 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade	Mill Roa						3720 Windsor Mill Road-Apt 2-B Baltimore												
ETED BY FUNER	3720 Windsor  11. MARITAL STATUS  12 Never Married 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade	12. WAS DECEDENT EV FORCES? 1		Baltimore Cit							10d. INSIDE CITY LIMITS?									
ETED BY	Married   2   Married   3   Wildowed   4   Divorced   15. DECEDENT'S EDU (Specify only highest grade	FORCES? 1	FD IN U.S. AD	. ZE	3	21216			10g. CITIZ	U.	S.									
	(Specify only highest grade	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 10 O IF YES, GIVE WAR OR DATES			If yes	DECENDENT OF HISPA , specify Cuban, Mexico YES 2 TONO Specific	an, Puerto Ric	n, Puerto Rican, etc.) Bla			- American India White, etc. Black									
፮ ⊩	Elementary/Secondary (0-12)	College (1-4 or 5+)	npleted) (Give kind of work done during most of wo					lon lost of working Carpenter												
- 11	17. FATHER'S NAME (First, Middle, Last)  Ronald He	enderson				ME (First, Mid														
$\alpha$	19a. INFORMANT'S NAME (Type/Print)		19	aret Route Number	City or Town		Code)													
2			20b. PLACE	AND DATE O	FDISPOSITION	(Name of	LE Apt. A Balto., MD.			vn, State										
	20g. METHOD OF DISPOSITION  158 Burlat 2   Cremention 3   Removal from State  4   Donation 5   Other (Specify)   20b. PLACE AND DATE of DISPOSITION (Name of Capterly), crementary of other plets)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  #281   22. NAME AND ADDRESS OF FACILITY  E. L. Phillips F/H Balto., MD.																			
IFICATI	disease or condition resulting in desth)  a. Shotgum wounds left chest and night thigh Dub to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):																			
MEDICAL	PART II. Other significant condition	dns contributing to dea	ath but not r	the underl	ying cause given in		MAS AN PERFOR	MED?		WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH?  1 X YES 2   I										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (Ch																	
	1 SYES 2 NO  17. MANNER OF DEATH 1 Netural 5 Pending	28a, DATE OF INJI	URY bar)	28b. TIME INJU	OF 28c.	Home 5 Residence INJURY AT WORK?  YES 2 NO	28d, DESCI	NBE HOW I	NJURY OCC											
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	11 29 28a. PLACE OF IN building, etc.	1992 JURY – At ho (Specify) home	8:4			20f. LOCAT City or	ION (Street a Town, State)	sho and Mumber of dsor	or Rural Au										
COMPLET		ICIAN: To the best of my ER: On the basis of axami	knowledge, de				to the cause	(s) and man	mer as state	d.										
O BE	POD. SIGNATURE AND TITLE OF CERTIFIE  ON ALL  ON NAME AND ADDRESS OF PERSON WITH	Iright 1	10			29c. LICENSE NU	MBER			SIGNED	(Month, Dey, Year)									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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		1. DECEDENT'S NAME (First	, Middle, Last)	7\			M	ANNI	ראור			2. DATE MONTH	OF DEATH	Y	YEAR	3. TIME OF	DEATH
		JOSEPH		Α.				LIMIA	ING			11	24	19	92	10:	38 A
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE	(In yrs. lest		IF UNDER	1 YEAR	IF UNDER	MIN.		OF BIFTH	0/0	8. BIRTHP	LACE (State	or Foreign
3	- 6	216-52-28		1 X X 2 □ F		43	YRS.					03	-29-1	949	Ma	ryla	nd
should	124	9a. FACILITY NAME (If not in	-							OR LOCATI		EATH		9c, COU	NTY OF DE	ATH	
2,3	6	FRANCIS		T KEY H	OSP	ITAL	1	BAI	TIN	MORE							
£.	<u>당</u>	RESIDENCE OF DEC	10b. COUNT	ν			10. 017	V TOWN C	- LOOK	TION				_			
Pages	DIRECTOR	Maryland		•		Baltimore City								- 1	IOd. INSIDE	7	
permit.		10s, STREET AND NUMBER						Jaili		t. ZIP COD	-					YES	
	RA	111 South E		TODILO					10	2.1.2.2	_				ted :		
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	dat A														
)20 hrysic xuriał		1 Never Married 2	Married	FORCES?	FORCES? 1 YES 2 NO				if yes, sp	pecify Cube	ın, Mexica	in, Puerto F	7 (Specify Yes lican, etc.)	or No-	14. RACE Black,	<ul> <li>America</li> <li>White, etc.</li> </ul>	n Indian,
the the	BY	3 Widowed 4 X Dive	orced	IF YES, GIVE	WAR OR E	MIES		'	I TYES	S SX NO	Specif	y:			Specify	Whit	6
21215-0020 If or attending physician for use as the burlat-tra	8		EDENT'S EDU			16a. DEC	EDENT'S	USUAL O	CCUPATION	ON		16b.	KIND OF BUS	HNESS/INC	USTRY	*******	
212 alora for us	<u> </u>	Elementary/Secondary (0	y highest grade 3-12)	College (1-4 or 5	+)	(GA	ve kind of Do NOT u	work done ( se retired.)	during mo	ost of working	ng						
	PL	12				Carp	ente	er -	Con	tract	tor	_	Diotte	e Cor	stru	ction	1
LAND the hospit detached once.	COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)							18. MOT	HER'S NA	ME (First, A	fiddle, Maiden	Sumame)			
# 84 K	BE C	John Anthor	ny Mani	ning						Doi	roth	y Rya	ın				
MARYLAND retained by the hospit should be detached notified at once.		19a. INFORMANT'S NAME (	ype/Print)	•		19b	MAILING	ADDRESS	(Street	and Number	or Rural	Route Numb	er, City or Town	n, State, Zip	Code)		
Pe Fel	5	Christopher	Mann:	ing		11	.1 S	. Eas	st A	ve.	Bal	timor	e, MD	2122	24		
ALTIMORE, leath. Page 6 may be tuneral director, page xaminer must be a		20a. METHOD OF DISPOSIT		wal from State		b. PLACE A						DATE	20c. LO	CATION —	City or Tow	n, State	
0 0 8 2	- 3	4 Donation 5 Other		IOVAL HOIT STATE	Cet	St. S	tan.	islau	is C	emete	ery	11/28	Ba:	ltimo	re, l	Mary1	and
TIN ral di		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	20:		0.			ND ADDRE							
6		22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, INc. Funeral Homes 700 S. Conkling St. Balto. MD 21224															
B/ rs after of removal.	$\neg$	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate															
_ 5 = . 9		shock, or h	eart fellure.	List only one car	use on e	each line.		7/				_				Inter	ral Between
		IMMEDIATE CAUSE (Fir disease or condition	nali:	Arch	No	aho-	a	1. (2	lin.	0		- 1	1170-	-0		Onse	t and Death
760, ed within 24 I ompletely fille if, cremation, event, the		disease or condition resulting in death)  Due to (or as a consequence of):															
P 5 - 6	-			VALL STORES				,								i	
	ō	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										-					
BOX cate be e shysician e prior to er traum	3	cause. Enter UNDERLYING															
certificate ding physical property of their property of their thei	E	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):															
	CERTIFICATION	resulting in death) LAST															
ORDS, P that the death ed by the attent th and Mental H any Injury, or		PART II. Other significa	nt condition	ns contributing to	death i	but not re	sulting	In the un	derivio	O COURA	alven in	Part I	24a, WAS AN	ALITODEV	245.1	WEDE ALTTO	PSY FINDINGS
T 10 0 1	EDICAL							(110 011	Corryin	g cadac ;	givon in		PERFOR	MED?		WAILABLE !	
Signed Health a	0											—   10 YES 2 □ NO   OI			OF DEATH?		
PRE / requ	Σ								_			-				YES	2   NO
ITAL RE 4: The law req cate has been State Dept. of Item 23 sho	AN	25. WAS CASE REFERRED T	O MEDICAL	T		-			26 01	ACE OF D	EATH #%	eck only on	-1				
	PHYSICIAN:	EXAMINER?		HOSPITAL:	Xennu	mediant 2	□ DD4	OTHER	R:								
the the	¥	27. MANNER OF DEATH		26s. DATE OF		panient 3	28b. TIM		_	JURY AT	sidence	6 Other	(Specify) CRIBE HOW II	FINEA UC	TURED		
NG PHYS fiter this ceath with			Pending	(Month, E	Day, Year)		IN.	URY M	WC	ORK? YES 2	□ NO						
NOING NOING After death	ВУ	2 Sulpido	Investigation	28e. PLACE (	OF INJURY	Y — At hon	ne, farm,	street, fact			_		ATION (Street a	nd Number	or Rural Ro	ute Number	
VISION ATTENDING ECTOR: After s after death	TED		Could not be determined	building	, etc. (Spe	icify)						City o	or Town, State)				
DIVISION DIRECTOR: After hours after death item 28 is mail	2	29e. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best of	d my know	uladaa daa	th convers	ad at the ti	lana data		. 27 21	4- 41	ing top office		69		
로 로 로 드	COMPLE			ER: On the beals of a													
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	8	396 SIGNATURE AND TITLE	- 1			A		, at my 0					and prace, an				
TO THE TO THE De filed W	8	SIGNATURE AND TITLE	OF CERTIFIE		m	/)				1100	ENSE NUI				E SIGNED (		
2 2 2 X	2	30. NAME AND ADDRESS OF	DEDEON UT	O COMPLETED ON	19	/	l are c	0-1		[O.C	М.	E		1	1-25	-199	32
No. of Lot, Lot, Lot, Lot, Lot, Lot, Lot, Lot,		TIARA	A) 7 A	CYP. V	hA	EAIR (IIEM			~ :		_					5	2124
20		31. DATE FILED (Month Con	Yhar)	#1 32AMEQUSTRI	W	ATDRE	LL F	enn	St	reet	, B	alti	more	, Ma	ryıa	nd	2120
		DEC 2 199	2 4	Me Devido		noull											
		200	- 0			-								_			****

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1 - FOR STATE REGISTRAR	STATE OF MAR			TMENT (				150014.95	IYGIEN REG. NO.	_		
0	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF			1.00000	3. TIME OF DEATH
	WICK H	orton			MC	BLI	ΞY		1 1	2	3	92	8:25 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (in yrs. last t	birthday)	IF UNDER 1 Y		IF UNDER 2	-	7. DATE OF (Month, De			BIRTH	IPLACE (State or Foreign
	406 46 2948	1 XM 2 F	55	YRS.	MONTHS E	AYE	HOURS	MIN.	5-6-			K	entucky
-	9e. FACILITY NAME (If not institution, give str	reet and number)			96. CITY, TO	WN OR	LOCATIO	OF DE			9c. COU	NTY OF D	EATH
DIRECTOR	3044 STRICKLAN	D STREET			BALT	IMC	ORE	CIT	Y			na	
E	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR	OCATIO	N .						10d, INSIDE CITY
1 8	Maryland n	a		Ва	ltimo	re							LIMITS?
A P	10e. STREET AND NUMBER					10f, 2	IP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY?
ER	3044 Strickland	Street					21.	223				USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. WA	DECE	DENT OF	HISPANI	C ORIGIN? (S	pecify Yes	or No-	14. RACE	— American Indian, c, White, etc.
BY F	1 Never Married 2 Married 3 XXWIdowed 4 Divorced	FORCES? 1 Y					NO		, Puerto Rica	n, etc.)		Speci	White
E0 B			Airbor										white
E	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(G/ve		ork done duri				16b. K#		nspor		on
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	2.0		/Rece	ivi	na		Hol		_		ıltry
COMPLET	17. FATHER'S NAME (First, Middle, Last)				,	-		R'S NAM	IE (First, Midd			, 100	ALCLY
EC	Wickliffs E. Mol	bley							ie M.				
00	19a, INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS (S	treet and			oute Number,			Code)	
2	Keith Ray Mobley		1	554	Tripo	gate	Roa	d, I	Essex,	MD	212	21	
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Remo	val from State	20b. PLACE AN			N (Name	ol		DATE	20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)	-A											
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Ronald			22. NA	WE ANO	ADDRESS	OF FAC	Sta	te A	nator	my Bo	pard
	maul /10	Mul	11/30/						re St				1201
	23. PART I. Enter the diseases, or conshock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	SHOTGI	n eech Ilne.	MUC	0 0				1			est,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQU										
CER	d d	•											
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to deat	th but not res	suiting in	the unde	rlying	cause giv	ven in F		YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Ι×	25. WAS CASE REFERRED TO MEDICAL					26. PLA	E OF DEA	ATH (Chec	ok only one)				
Sic	EXAMINER? LX YES 2 NO	HOSPITAL: 1   Inpatient 2   ERA	Outpatient 3	DOA	OTHER:	Home	5XXIIosi	dence 1	Other (S)	pecify)			
Ě	27. MANNER OF DEATH	28a. DATE OF INJU	RY	28b. TIME	OF 28	c. INJUF	Y AT		28d. DESCRI		NJURY OCC	CURED	
BY F	1 Netural 5 Pending 2 Accident Investigation	11-23-1	Ĭ992	mac			3 2 🗓	но	SELF	INF	LICI	CED	GUNSHOT
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (	URY — At home Specify)	o, farm, si	treet, fectory,	office			City or Tr	M (Street a	nd Number	or Rural F	Number (OUND
	4 Homicide datermined		AT	HOM	E				3044	STR	ICKI	LAND	STREET
COMPLETED	29s. CERTIFIER (Check only												
Š	2 MEDICAL EXAMINER	: On the basis of examin	ation and/or inv	restigation	i, In my opin	lon, des	th occured	f at the ti	ime, date and	place, an	d due to th	e cause(s	) and manner as stated.
BE 0	THE SHARTURE AND TITLE OF CERTIFIER	10 (h	1			1	9c. LICEN	SE NUM	BER		29d, DATI	E SIGNED	(Month, Day, Year)
9	10 V4 1 90	4	W				O.C	.М.	E.		<u>▶</u> 11	L - 24	-1992
-	MARIO + GOLLA	S, JRMS	7 111			ree	et,	Bal	timo	re,	Mary	ılan	d 21201
	31. DATE FILED (Modern, Day, Year) DEC 2 - 1992	A. REGISTRAR'S S	SIGNATURE	AR.			·			•			
L	A = A N 10A=	(V											

3. TIME OF DEATH 3:05 p B. BIRTHPLACE (State or Foreign Country)

> 10d. INSIDE CITY LIMITS? 1 YES 2 WHO

14. RACE — American Indian, Black, White, etc.

903 (CATOLINE

10g. CITIZEN OF WHAT COUNTRY? USA

Battimore

REG. NO.

2. DATE OF DEATH

	Roberta	. ~	naune	wet						) ]	19	d5
	4. SOCIAL SECURITY NUM	AILER Total	5. SEX ) 1 □ M 2 Ø F	6, AGE (In yes, Ass	The second secon	# UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTY (Movey, Day, Wes		B. BIR
TOR	BE FACILITY NAME (IV not	nehen	-	Seton		0		OR LOCATI	ON OF DI	1 0	-	unty of
DIRECTOR	STATE ADD	166. COUR	π¥		Be H	TOWN O		TION				
AL	10s. STREET AND NUMBE	R						ZIP COD	E		10g. CI	TIZEN O
ER	1920 Ber	talo	u Street					21	216			US
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 D		FORCES?	T EVER IN U.S. AR	MED		f yes, sp	ENDENT Control 2 NO	m, Mexico	NIC ORIGIN? (Specifies, Puerto filicen, elc ):	Yes or No-	14. RA
COMPLETED	(Specify of Elementary/Secondary	Street, Street	DUCATION de completed) Collège (1-4 or 5	/0	DO NOT use	ork done o redred.)	during mo		ng		ivate	
	Grade Sch		N		Dom	est	10	1	HERSNA	AME (First, Alleich, An	iden Sumame)	
TO BE	194. INFORMANT'S NAME			10	. MAILING	ADDRESS	S (Street )		_	Route Number, City o		Zip Clocki)
H	Helen Ma	yers			6817			idge	e Ro		altim	
	26e, METHOD OF DISPOS 1 \( \tilde{\text{L}}\) Burtal 2 \( \text{L}\) Cremat 4 \( \text{L}\) Donation 5 \( \text{L}\) Oth	tion 3 🗆 Re	emoval from State	gf cometary Weste	orematory	of bise	OSITION CA	(Name t	erv	1000	atons	100
	21. SIGNATURE OF FUNES		LICENSEE	\n_	ton	22.	501	NO ADDRE	ss of F	Falls	er Fui	ner
CERTIFICATION	IMMEDIATE CAUSE (# disease or condition resulting in death)  Sequentially list condit any, leading to immediate. CAUSE (Disease or in that initiated events resulting in death) Li	Sitions, nediate ying siury	a Poly	O OR AS A CONSE	DUENCE OF	¥ )	Jes	der.	ent			
MEDICAL C	PART II. Other signific	cant conditi	ons contributing t	o death but not	resulting in	n the ur	nderlyin	g cause	given in	PE	S AN AUTOPS RECHMED? ES 2 HO	Y
AN:	25. WAS CASE REFERRED	TO MEDICAL				526	26. P	LACE OF I	DEATH (C)	heck only one)		
PHYSICI	1 VES 2 NO		HOSPITAL:	☐ ER/Outpatient :	□ DOA	SHE!		no 5 🗆 R	meldence	6 C Other (Specify	j	
BY PH	27. MANMER OF DEATH Netural 5	Pending Investigation	п	Desc Years	26b. TIME INJ	M	1 🗆	JURY AT ORK? YES 2	□ NO	28d, DESCRIBE F		
ETED	4   Homicide	Could not to determined	be building	OF INJURY — At he j, etc. (Specify)			-00			28f. LOCATION (5 City or Town,	Strate)	
COMPL	Designation -		YSICIAN: To the best of									
							$\overline{}$	-				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> ate Family n, State, Zip Code) timore, MD 21207 CATION - City or Town, State onsville, MD Funeral Homes Ind arkway irstory arrest, Interval Between Onset and Death 24b. WERE AUTOPEY FINDINGS AMALAINE PRIOR TO COMPLETION OF CAUSE OF DEATH? AUTOPSY TO YES 2 AGO NJURY OCCURED and Number or Flural Floute Number mer as stated. 29d. DATE SIGNED (Month, Day: 16st) 20 92 MD 2(093 DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last)

in 19

FOR STATE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF MONTH	OEATH DAY	YEAR	3. TIME OF DEATH
	LOUI		MICKLE			11-	10-92		5 A .
	4. SOCIAL SECURITY NUMBER 217 30 3798A	5. SEX 6.	AGE (In yrs. lest birthday) 56 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Di 2-2-3	nr. Wear)	8. BIRT	HPLACE (State or Foreign try)
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN (	OR LOCATION OF D			UNTY OF I	DEATH
DIRECTOR	Seton Hill Mano	or			timore			NA	
EC	10e. STATE 10b. COUNT	ry	10c CITY	TOWN OR LOCAT	TON				
	Maryland	na		TOWN ON LOCK		timore			10d. INSIDE CITY LIMITS?  1 YES 2 NO
ERAL	904 Pennsylvania	a Avenue A	ot 1-D	101	. ZIP CODE	1201	10g. CI	TIZEN OF	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	NIC ORIGIN? (S	pecify Yee or No-	14. RAC Blec Spec	E — American Indian, k, White, atc.
	15. DECEDENT'S EDI	ICATION .	Even verstelle					1	Black
COMPLETED	(Specify only highest grad	College (1-4 or 5+)	16e. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mo	ON st of working	16b. KIP	ID OF BUSINESS/IN	OUSTRY	
OMP	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	le, Maiden Surneme)		
					1,11,12,12	(, , , , , , , , , , , , , , , , , , ,	o, moreon contents,		
TO BE	19e, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, (	City or Town, State, Z	(ip Code)	<u></u>
	20e. METHOD OF DISPOSITION  1	noval from State	20b. PLACE AND DATE OF Commetery, cremetory or oth	DISPOSITION (Ne er place)	me of	DATE	20c. LOCATION -	- City or To	own, State
	EL MONATURE OF PUNERAL SERVICE L	CENSEE Ponald	Wado Dis		D 4000000 05 5	an en Ct -			
	Mulho	L	wade, DII				te Anato et,Balti		oard ,MD 21201
	PART I. Enter the disease, or shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	END	on each line.  STA GE  AS A CONSEQUENCE OF				or respiratory a	rreat,	Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	AS A CONSEQUENCE OF)						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	cOUE TO (OR	AS A CONSEQUENCE OF):						
	DART II Oh as also Maria as a mil								
MEDICAL	PART II. Other algnificant condition	ns contributing to dea	ith but not resulting in	the underlying	ceuse given in	1	. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A I	25 MM2 0405 DESCRIPTION								
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER		OTHER:	ACE OF DEATH (Ch		20(6.)		
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJU	JRY 28b, TIME	OF 28c. INJU	JRY AT		BE HOW INJURY OC	CUREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, atr (Specify)			281. LOCATIO City or To	N (Street and Number wn, Stete)	or or Rural F	loute Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my i	knowledge, death occurred	at the time, date in my opinion, de	and place, end due	to the cause(s)	end menner as ata	ited.	end manner as stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIE		eG9	_	29c. LICENSE NUN				(Month, Day, Year)
2	30. NAME AND AODRESS OF PERSON WH	O COMPLETEO CAUSE OF	F DEATH (ITEM 27) /5mg (	elect)	11/	7 (		1-2	1 12
	DR. SALUJA	16	00 Mt Royal		, Baltin	more, M	4D 21217		
	31. DATE FILEO (MORITI, Dely, Year) DEC 2 - 1992	32. REGISTRAR'S	SINGLES						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physics TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. Defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Nem 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	IEALTH AND	MENTAL HYGIEN		33711
	1. DECEDENT'S NAME (First, Middle, Lest) HARVEY AR	THUR MULLER				2. DATE OF DEATH	AY YEA	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		11:45 A M
	365 20 6898	1. CH . CE		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	untry)
	9a. FACILITY NAME (If not institution, give			AL CITY TOWAL C	OR LOCATION OF D	6/22/191		sconsin
DIRECTOR	Pleasant Living			Edgewa		EATH	Anne A	Arundel Count
Œ	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY
100	Delaware Su	ssex	C.	elbyvil	1.0			LIMITS?
	10e. STREET AND NUMBER	BBCX			ZIP CODE		100 CITIZEN O	1 YES 2 NO
FUNERAL	29 Shady Park				4007	-		
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	II S ADMED	T 42 WHS DEC	1997	NIC ORIGIN? (Specify Yes		SA
	1 Never Married 2 1 Married	FORCES? 1 YES	2 NO	If yes, spe	ecify Cuban, Mexica	in, Puarto Rican, atc.)	В	ACE — American Indian, lack, White, atc.
ВУ	3 Widowed 4 Divorced	Ves	ies	1 TYES	2 NO Specif	y:	St	White
G	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	SUAL OCCUPATIO	DN .	16b. KIND OF BUS	CINESC/INDI ISTO	
E	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of wor life. Do NOT use I	k done during mo: retired.)	st of working			
7	12 +	1	Instru	ctor/Co.	ach	US Nava	1 Acade	my
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	- 4			18 MOTHER'S NA	ME (First, Middle, Maiden	Current)	
	Harvey Arthur M	ullaw Cw					Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)	iller, Sr.	Table Mail INC 41	200500 (0	Rose B.	Lack Route Number, City or Town		
2	Harris 3 Mallan							
	Harvey A. Muller					e, Edgewat		
	t Burial 2 Cremation 3 Rem		PLACE AND DATE OF tery, cremetory or other		me of	OATE 20c. LO	CATION City or	Town, Stata
	4 Donation 5 Other (Specify)	CENSEE		T				
	IL SIGNATURE OF PUNERAL SERVICE LI		de, Dir	22. NAME AN	D ADDRESS OF FA	CHUTY State P	Anatomy	Board
_/	June 1/18	alle		655 W	.Baltimo	reST,Balto	,MD 212	01
- 1	PART I. Enter the diseases, or	complications that caused to	the deeth. Do not	enter the mod	de of dying, suc	h es cerdiec or respi	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)			mia	J	na of		interval Between Onset and Death
		ON AS A C	CONSEQUENCE OF):	1	- may	1	2)	11
Z	Sequentielly list conditions,	· Metas	Tatic	LAY	CIMDO	na of	109	10/10
Ĕ	If any, leading to immediate	DUE TO FOR AS A C	CONSEQUENCE OF):			0		
3	cause. Enter UNDERLYING CAUSE (Disesse or injury							
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):					
CERTIFICATION		d						
AL	PART il. Other significent condition	ne contributing te death but	t not resulting in	the underlying	ceuse alven in	Part i. 24s. WAS AN	ALITOBEY O	4b. WERE AUTOPSY FINDINGS
	W/081 176-16	LE-KOVS	cotten 1	16 6	yudo	PERFOR		AVAILABLE PRIOR TO
		10.7	acro s	T	yuan	1 TYES 2	BNO	OF DEATH?
Σ						_		1 TES 2 NO
PHYSICIAN: MEDIC								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10		ACE OF DEATH (Che	eck only one)		
YS	1 VES 2 DUO	1 Inpatient 2 ER/Outpat		THER:	5 🗆 Residence	6 Other (Specify)		
표	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	PF 28c. INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Specify	At home, term, stre	et, factory, office		281. LOCATION (Street a	nd Number or Run	I Route Number,
COMPLETED	4 Homicide determined	ounding, att. Opochy	,			City or Town, State)		
١٣	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the beat of my knowled	ine death occurred	of the time eleter			r	
ğ	(Check only one) 2 MEDICAL EXAMINE	R: On the Desis of examination a	Ind/or Investigation	n my opinion, de	and place, and due	to the cause(s) and man	ner es stated.	and the second of
	296. SIGNATURE AND TITLE OF CERTIFIER			or my opinion, de	attr occurse at the	time, data and place, and		
BE		Therender	-		29c. LICENSE NUM	IBER		EO (Month, Day, Year)
ဝ	10 NAME AND 1 SULVE	Journe			17189	127	111-	21-92
	30. NAME AND ANOHESS OF PERSON WY			int)				
	DR. JON LOWE 60	00 Ridgeley Av		31	Annapoli	ls, MD 214	101	
	DEC 2 - 1992	32. REGISTRAR'S SIGNATI		•				
- 11		(/	-	6				

AND THE CONTRACT OF STATE OF

Westerleie - Horseits & Septement

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the State Dopt. of Health and Mental Hyglene prior to burial, cremation, or removal.
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DEC 0 2 1992 July Trans MARIE

	1. DECEDENT'S NAME (First, Middle, Last)  A	itonette	Mar	rie	Mile	oro		2. DATE OF MONTH	ber 29,	1992	3. TIME OF DEATH 10:40 P
	4. SOCIAL SECURITY NUMBER 214-66-3734		AGE (In yrs. les		IF UNDER 1	_	UNDER 24 HRS.	7. DATE OF		a, BIRT	HPLACE (State or Foreign try) NNS YLV anio
RECTOR	94. FACILITY NAME (II not institution, give Franklin Squar RESIDENCE OF DECEDENT					SSUL	CLE		9c. 0	COUNTY OF I	
ō	100. STATE Maryland 106. COUNT	Baltir	nore	10c. CITY	, TOWN OR	LOCATION	Dune	dalk			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2825 Creston R	oad				101. ZIP	CODE	21222	10g.		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 X N		l If		Cuban, Mexica	nn, Puerto Rice	Specify Yes or No- in, etc.)		
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8th Grade	UCATION le completed) College (1-4 or 5 +)	(Ge	CEDENT'S L We kind of w Do NOT use	ork done du	ring most of	working	16b. Ki	Own H		White
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)  Daniel Milora	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)									
	198. INFORMANT'S NAME (Type/Print)  Gabriella Miloro  190. MAILING ADDRESS (Street and Number or Pural Rouse Number, City or Town, State, Zip Code)  510 Valleywood Road Millers ville, Maryland 21108										
	20a, METHOD OF DISPOSITION  OF Buriel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Campaigney, cremajory, or other place)  Sacred Heart of Jesus 12-3-92 Baltimore, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Duda-Ruck Funeral Home of Dundalk. Inc.										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TD (OR AS A CONSEQUENCE OF):  Due TD (OR AS A CONSEQUENCE OF):										
	disease or condition	a. DUE TO (OI	AS A CONSEC	OUENCE OF	eli.	- /	are	este	Core	in	
ERTIFICATION	disease or condition	с	A AS A CONSECUTION AS A			- //	are	estre	Core	in	
DICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	R AS A CONSEC	DUENCE OF	):	erlying ca		Part I. 24	WAS AN AUTOP PERFORMED?  YES 2 XNO	PSY 241	b. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
ICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of the conditions of the cause of the ca	c	R AS A CONSEC	OUENCE OF)	n the und			Part I.   24	a. WAS AN AUTOP PERFORMED?	PSY 241	b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUSE
DICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the cause of the	c. DUE TO (OF d	ath but not n	DUENCE OF	OTHER:	26. PLACE g Home 5	use given in  OF DEATH (Ch	Part I. 24 1 1 seck only one) 6  Other (S	WAS AN AUTOP PERFORMED?  ☐ YES 2 ☐ \( \) NO	244 )	b. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the cause of the	DUE TO (OF d	RAS A CONSECUTION OF THE PROPERTY OF THE PROPE	DUENCE OF	OTHER:	26. PLACE g Home 5 Bc. INJURY WORK? 1 YES	OF DEATH (Ch	Part I. 24 1 1 seck only one) 6 Other (S) 28d. DESCRI	WAS AN AUTOP PERFORMED?     YES 2 X NO	OCCUREO	b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETED OF CAUSO OF DEATH?  1 YES 2 NO

51788 59777

St. Craw Street

ON OF VITAL RECORDS, P.O. BOX 68760, ID THE HOSPING THE TOTAL STATE STATE STATE THE GOOD STATE OF THE HOSPING OF THE STATE STATE STATE THE STATE STATE STATE THIS CERTIFICATE has been signed by the attending physician been signed by the attending physician been signed by the attending physician been signed by the state of Health and Mental Hygiene prior important. It lies to be marked, or item 23 shows any injury, or other traus.

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R ATE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
		1120.110.

REGISTRAR		CERTIFICATE O		IENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First	, Middle, Last)			2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
Daniel	Stephen	Martin		11 29	1992	
4. SOCIAL SECURITY NUM	1200	E (In yrs. last birthday) IF UNDER 1 YEAR		7. DATE OF BIRTH	B. BIR	TNPLACE (State or Foreign
001-360	(X87 1 1 1 1 1 2 1 F   5	YRS.	HOOMS MIN.	AUG. 9,1	940 CA.	MBRIDGE
	stitution, give street and number)	9b. CITY, TOW	N OR LOCATION OF DE	нти	9c. COUNTY OF	DEATH
Charles S	reet @ Greenwo	od Ave. Tows	son		Balt	imore
Charles S RESIDENCE OF DE 100. STATE MALYAM	10b. COUNTY	10c. CITY, TOWN OR LOC	CATION			10d. INSIDE CITY
a MALYLAM	BALTO, CO	. PERRY	HALL	_		LIMITS?
100. STREET AND NUMBER		0- 0-	101. ZIP CODE	_	10g. CITIZEN OF	WHAT COUNTRY?
10e. STREET AND NUMBER  2   COI	775BKIDGE	COURT	2123	6	U.S	S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	TOTAL CONTRACTOR OF THE PARTY O	ECENDENT OF NISPANI	C ORIGIN? (Specify Yes	or No- 14, RA	CE — American Indian, sek, White, etc.
1 Never Married 2 2 3 Widowed 4 Div	IF YES, GIVE WAR OR		ES 2 NO Specify	, Poetto Nicen, etc.)	Sp	ochy:
	EDENT'S EDUCATION	16a. DECEDENT'S USUAL OCCUPA	FION	16b. KIND OF BUS	1 4	ITIIE
	y highest grade completed)	(Give kind of work done during		160. KIND OF BUS	MESS/INDUSTRY	
12	Conege (1-4 or 5+)	OPEICATING	KOON	6.011	11.61	
Tr. FATHER'S NAME (First, A	jcicile, Last)	- 1	18. MOTNER'S NAM	E (First, Middle, Maiden :	Surneme)	
m EDWART	) // MARI		HENI	RIETTA	9 P.	HALLORA
19a. INFORMANT'S NAME (	ipa/Print) DECSONS	19b. MAILING ADDRESS (Stree	t and Number or Rural R	oute Number, City or Town	, State, Zip Code)	
- Hamic	4 RECORDS	SAME	795	ABOV	15	
20a. METHOD OF DISPOSIT	ION 20	Ob. PLACE AND DATE OF DISPOSITION	Name of	DATE 20c. LOC	ATION — City or	Town, State
4 Donation 5 Othe	(Specify)	VOICTHEAST ME	74, CEM.	12-3 NOV	-71-12715	T, MD.
21. SIGNATURE OF FUNERA	SERVICE LICENSEE	LICIT 22. NAME	AND ADDRESS OF FAC	MISRAL	CHAP	EL
	un 7 - tain	mode 77 88	00 1/19	RFORD	RD.	PARKVILL
23. PART . Enter the d	seases, or complications that ceus eart saliure. List only one cause on	ed the death. Do not enter the n	node of dying, such	as cardiac or respir	atory arrest,	Approximate
IMMEDIATE CAUSE (F)		each line.				Onset and De
disease or condition resulting in death)	+ Multis	ole injuries				
	DUE TO (OR AS	A CONSEQUENCE OF):				
Sequentially ilst condit	ions, Due to con As	A CONSEQUENCE OF):				
if any, leading to imme	Diste	A CONSEQUENCE OF):				İ
CAUSE (Disease or injutiated events	ry C. DUE TO (OR AS	A CONSEQUENCE OF):				<del></del>
Sequentially ilst condition and if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injutted initiated events resulting in death) LAS	T					
427 19	onditions contributing to death	but not resulting in the underly	ing ceuse given in F	Part I. 24a. WAS AN PERFOR	amma.	4b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO
MEDIC				1 X YES 2	□ NO	OF DEATH?
				_		1 YES 2 NO
ž	O MEDICAL					_
25 WAS CASE DEFENDED 1		OTHER:	PLACE OF DEATH (Chec		n otro	
25. WAS CASE REFERRED 1 EXAMINER?	HOSPITAL:				H SLIE	eet
25. WAS CASE REFERRED TEXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH	1 - Inpetient 2 - ER/Ou	rtpatient 3 DOA 4 Nursing H	ome 5 Residence 8			
EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 ER/Ou  29a. DATE OF INJURY (Month, Day, Year)	ripatient 3 DOA 4 Nursing H	NJURY AT WORK?	28d. DESCRIBE NOW IN Operator	of mo	torcycle
Accident	1   Inpetient 2   ER/Ou   28a. DATE OF INJURY (Month, Day, Year)   1 2 9 1 9     28a. PLACE OF INJUR 28a. PLACE OF INJUR	repatient 3 DOA 4 Nursing He	NJURY AT NORK? YES 2 NO	28d. DESCRIBE NOW IN Operator that str 28f. LOCATION (Street a	of mo	irb -
2 Accident 3 Suicide 8	1   Inpetient 2   ER/Ou   28a. DATE OF INJURY (Month, Day, Year)   1 2 9 19	repatient 3 DOA 4 Nursing He	NJURY AT NORK? YES 2 NO	28d. DESCRIBE NOW IN Operator that str 28f. LOCATION (Street a City or Town, State)	UCK CU	Irb Il Route Number,
2 Accident 3 Suicide 8	1   Inpetient 2   ER/Ou   28a. DATE OF INJURY (Month, Day, Year)   1 29 1 9   28a. PLACE OF INJURY (Month, Day, Year)   1 29 1 9   28a. PLACE OF INJURY Outling, etc. (Sp. On)	repetient 3 00A 4 Nursing He  2 28b. TIME 0F  9 2 3 3 0 0 1  TY — At home, farm, street, factory, of sectory	NJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW IN Operator that str 28f. LOCATION (Street a City or Town, State) Charles	OF MC CUCK CU Mod Number of Fluri ST. &	irb -
2 Accident 3 Suicide 8	1   Inpetient 2   ER/Ou   28e. DATE OF INJURY (Month, Day, Year)   1 29 19   29e. PLACE OF INJURY (Month, Day, Year)   1 29 19   28e. PLACE OF INJURY building, etc. (Sc OT)   1 2 9 19   28e. PLACE OF INJURY   28e. PLACE OF INJURY   28e. PLACE OF INJURY   28e. PLACE OF INJURY   28e. PLACE OF INJURY   29e. PLACE OF INJU	repetient 3 DOA 4 Nursing He  2 28b. TIME OF 28c. I  9 2 FOUND 1  1 TY — At home, farm, street, factory, of society  Street  wiedge, death occurred at the time, de	NJURY AT WORK?  YES 2 NO  Itee  Ite and place, and due to	28d. DESCRIBE NOW IN OPERATOR that str 28f. LOCATION (Street a City or Town, State) Charles o the cause(a) and men	UURY OCCURED  Of MC  UUCK CU  nd Number or Rurs  ST. &	arb and Route Number, Greenwood
2 Naccident 2 Naccident 3 Succide 8 S 4 Homicide 29a. CERTIFIER (Check only one) 2 NMEC	Pending   28e. DATE OF INJURY (Month, Dey, Year)   1.1 2.9 1.9   28e. PLACE OF INJURY (Month, Dey, Year)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY (Month, Dey, Year)   28e. PLAC	repetient 3 DOA 4 Nursing He  2 28b. TIME OF 28c. I  9 2 FOUND 1  1 TY — At home, farm, street, factory, of society  Street  wiedge, death occurred at the time, de	NJURY AT WORK? YES 2 NO fice tite and place, and due to, death occured at the to	28d. DESCRIBE NOW IN OPERATOR THAT ST. LOCATION (Street a City or Town, State)  Charles  the cause(a) and manufact, and place, and	UURY OCCURED  Of MC  UCK CU  nd Number or Rura  ST. &  ner as stated,  I due to the cause	I Route Number,  Greenwood  e(e) and manner as stated
2 Maccident 3 Suicide 8 Suicide 4 Homicide 298. CERTIFIER (Check only 1 CERT Onle) 2 MEC	Pending   28e. DATE OF INJURY (Month, Dey, Year)   1.1 2.9 1.9   28e. PLACE OF INJURY (Month, Dey, Year)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY (Month, Dey, Year)   28e. PLAC	repetient 3 DOA 4 Nursing He  2 28b. TIME OF 28c. I  9 2 FOUND 1  1 TY — At home, farm, street, factory, of society  Street  wiedge, death occurred at the time, de	NJURY AT WORK? VORKS 2 NO lites Its and place, and due to death occured at the table of the second s	28d. DESCRIBE NOW IN OPERATOR THAT STR 28f. LOCATION (Street a City or Town, State) Charles o the cause(a) and menime, dats and place, and DER	UCK CU Of MC UCK CU Of MC ST. & ner as stated, I due to the cause 29d, DATE SIGNI	Greenwood  (a) and manner as stated  (b) (Month, Day, Year)
2 Naccident 2 Naccident 3 Sulcide 4 Hornicide 29a. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TITLE ADMALCA	Pending   28e. DATE OF INJURY (Month, Dey, Year)   1.1 2.9 1.9   28e. PLACE OF INJURY (Month, Dey, Year)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY building, etc. (Sp. OT)   28e. PLACE OF INJURY (Month, Dey, Year)   28e. PLAC	repatient 3 DOA 4 Nursing He  2 28b. TIME OF 28c. F  9 2 3 3 1 1  TY — At home, farm, street, factory, of secily  STPE C	NJURY AT WORK? YES 2 NO fice tite and place, and due to, death occured at the to	28d. DESCRIBE NOW IN OPERATOR THAT STR 28f. LOCATION (Street a City or Town, State) Charles o the cause(a) and menime, dats and place, and DER	UCK CU Of MC UCK CU Of MC ST. & ner as stated, I due to the cause 29d, DATE SIGNI	I Route Number,  Greenwood  e(e) and manner as stated
2 M Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only 1 CERT ONE) 2 MED 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS O	Pending   20e. DATE OF INJURY (Month, Day, Year)   1 29 DATE OF INJURY (Month, Day, Year)   1 2 9 1 9 20e. PLACE OF INJURY building, etc. (Sp. OT)   20e. PLACE OF INJURY building, etc. (Sp. OT)   1 2 9 1 9 20e. PLACE OF INJURY building, etc. (Sp. OT)   1 2 9 20e. PLACE OF IN	Ary — At home, farm, street, factory, of scory)  Ary — At home, farm, street, factory, of scory)  Ary — At home, farm, street, factory, of scory)  Ary — At home, farm, street, factory, of scory)  Ary — At home, farm, street, factory, of scory)  Ary — At home, farm, street, factory, of scory)  Ary — At home, farm, street, factory, of scory)	NJURY AT WORK?  YES 2 NO  fice  the and place, and due to death occured at the total occurrence.	28d. DESCRIBE NOW IN OPERATOR THAT ST. LOCATION (Street a City or Town, State) Charles of the cause(a) and menime, data and place, and BER	ST. & ner as stated,  29d. DATE SIGNI	Greenwood e(e) and manner as stated ED (Month, Day, Year)
2 Naccident 2 Naccident 3 Suicide 8 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TITLE ADMALA	Pending   28e. DATE OF INJURY (Month, Day, Year)   1 29 1 9 28e. PLACE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY (MONTH, DAY)   28e. PLACE O	repetion: 3 DOA 4 Nursing He  28b. TIME OF  92 SP. TIME OF  92 SP. TIME OF  92 SP. TIME OF  93 SP. TIME OF  94 SP. TIME OF  95 SP. TIME OF  96 SP. TIME OF  96 SP. TIME OF  96 SP. TIME OF  97 SP. TIME OF  98 SP. TIME OF  99 SP. TIME OF  99 SP. TIME OF  99 SP. TIME OF  99 SP. TIME OF  99 SP. TIME OF  99 SP. TIME OF  99 SP. TIME OF  90	NJURY AT WORK?  YES 2 NO  fice  the and place, and due to death occured at the total occurrence.	28d. DESCRIBE NOW IN OPERATOR THAT ST. LOCATION (Street a City or Town, State) Charles of the cause(a) and menime, data and place, and BER	ST. & ner as stated,  29d. DATE SIGNI	Greenwood e(e) and manner as stated ED (Month, Day, Year)



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## BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physic DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTME	NT OF HE	ALTH AND		YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	EDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH		
	Richar	d Graham Melvil	le	MONTH NOV.				1992 YEAR	10 A.M. w		
	4. SOCIAL SECURITY NUMBER 213 14 2064	5. SEX 6. AGE (In yrs. In 71	si birthday) IF UN YRS. MONTH	HE DAYS	EAR IF UNDER 24 HRS. 7. DATE OF BIRTH			B. BIRTHPLACE (State or Foreign Country)  Maryland			
	9a. FACILITY NAME (If not institution, give str	eet and number)	9b. 0	CITY, TOWN OR	LOCATION OF D		9c. COUNTY OF DEATH				
стон	14 Locust House	Apt. 412		Westminster					Carroll		
DIRECTOR	Md. 106. COUNTY	Wes	tminst	er		10d. INSIDE CI LIMITS? 1 X YES 2					
FUNERAL	10s. STREET AND NUMBER		101, 2	ZIP CODE	1		WHAT COUNTRY?				
NEF	14 Locust House	12. WAS DECEDENT EVER IN U.S. AF			21157			U.S.A.			
В	11- MARITAL STATUS 1 Never Married 22- Married 3 Widowed 4 Divorced	RMED NO	13. WAS DECEI if yes, spec 1 TYES 2	NDENT OF HISPAI lifty Cuban, Mexica NO Specif	in, Puarto Rican	pecify Yes or , atc.)	Blac	14. RACE — American Indian, Black, Whita, etc. Specify; White			
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		ECEDENT'S USUA	L OCCUPATION	4 5 00 0	16b. KJN	D OF BUSIN	ESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work do  Do NOT use retire  Ving &	(d.)		r	rucki	ing			
BE CON	17. FATHER'S NAME (First, Middle, Last)  John Grahm Melv.	ille			16. MOTHER'S NA Helen	ME (First, Middle Black	, Maiden Sui	rname)			
TO B	19a. INFORMANT'S NAME (Type/Print)  John Graham Melvi	1 7	.O.BOX	195 S	Number or Rural	Route Number, Co	21784	State, Zip Code)			
	20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   1										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Haight Funeral Home										
	P.O.Box 195 Sykesville, MD. 21								21784		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or neert failure. List only one cause on each line.  Approximate interval Between										
	interval Between Onset and Daath  Chowic Chapter Lung Agense  a. Chowic Chapter Lung Agense										
_	DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentially list conditions, if any, leeding to immediate cause, Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events Due to (or as a consequence or):										
CE	_ t								-		
DICAL	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTHORIST PERFORMED.								AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC									1 - YES 2 - NO		
AN	25. WAS CASE REFERRED TO MEDICAL										
Sign	EXAMINER?	HOSPITAL:	ОТН	IER:	CE OF DEATH (Ch		inly one)				
H	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpatient 3 28a. DATE OF INJURY	28b. TIME OF	Nursing Home 28c, INJUR	5 Masidence			JRY OCCURED			
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK		Zou. DESCRIB	E HOW INJU	JRY OCCUMED	=		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHECK ONLY ONE) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, de	ath occurred at th	ne time, data ar	nd place, and due	to the cause(s)	and manner	r as stated.			
	2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s)  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED										
TO BE	talleh H.	Tumesus			2080			11/30	(Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print) 4>5 Li	beity	RI	Elders	bure	WD	21784		
DEC 2 - 1992  June 1992  June 1992  June 1992											

the of the state of

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	al Hygiene prior to burial, cremation, or removal.	
death certificate be execu	attending physician and	intal Hygiene prior to bur	
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	3AL DIRECTOR: After this certificate has been signed by the	be filed within 72 hours after death with the State Dept, of Health and Me	

								72	33715			
	REGISTRAR	ARYLAND / DI CER	EPARTMEI TIFICAT			MENTAL HYG REG						
	1. DECEDENT'S NAME (First, Middle, Last) Catherine Nadvorni	k				2. DATE OF DEAT	DAY	YEAR 92	3. TIME OF DEATH  2:30 A			
	4. SOCIAL SECURITY NUMBER  3. SEX  1 □ M 2 🏋 F	8. AGE (In yrs. lest bir	YRS, IF UNITED MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTS (Month, Day, Ye						
FOR	9a. FACILITY NAME (If not institution, give street and number)  JOHNS HOPKINS GERIATRIC C	ENTER		ALTIN	LOCATION OF DE		9c. COUN	ITY OF DE				
DIRECTOR	Maryland Baltimore	10	Dc. CITY, TOWN	N OR LOCATI			10d, INSIDE LIMITS? 1 \to YES 2					
FUNERAL	10s. STREET AND NUMBER 10f. ZIP C								IAT COUNTRY?			
B	9227 Ravenwood Road  11. Marital Status  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. Was DECEDENT FORCES? 1 IF YES, GIVE WA	) 1	21237  13. WAS DECENDENT OF HISPANIC ORIGINAL OF STREET			RIGIN? (Specify Yes or No. 14. RA		- American Indian, White, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give k	(Give kind of work done during most of working life. Do NOT use retired.)				Continental Can					
BE CON	17. FATHER'S NAME (First, Middle, Last)  William McKenna 16. Mother's NAME (First, Middle, Last)  Rose R											
2	196. INFORMANT'S NAME (TypoPrint) Mary Ann Droney	The second secon										
	20s_METHOD OF DISPOSITION  1	OATE 20 y 12/4/9	c. LOCATION —		n, State 2, MD							
	21. SIGNATURE OF FURERAL SERVICE LICENSET  CVach/Rosdale Funeral Home 1211 Cheasco Ave. Rosedale, MD 21237											
	23. PART I. Enter the diseases, or complications that could the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate Interval Between Onset and Death  Approximate Interval Between Onset and Death  Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Hugo thurbidism.  Osteoprosis  c. Due to (on as a consequence of):  Due to (on as a consequence of):  d. Hugo thurbidism.											
MEDICAL	PART II. Other aignificant conditions contributing to d	eeth but not reau	aulting in the underlying ceuse given in Part I.				24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	eck only one)										
E	27. MANNER OF DEATH 28a. DATE OF II	1 Matural 5 Bending (Month, Day, Year) INJURY WORK?							Other (Specify) DESCRIBE HOW INJURY OCCURED			
TED DE	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. L						LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of m											
u n	2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time 29b. SIGNATURE AND XITLE OF CERTIFIER  29c. LICENSE NUMBER											
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE RICLARD Bownett MD	SSOS H	Ople	ns B	eyview	Bal						
	DEC 2 1992 July Day Sources								•			

## BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HIGHTAL OR ATTENDING PARVICIAN. The law remaines that the death certificate he executed within 24 hours offer death. Done 6 mess he retained ha the honories no encoderum the actions	R. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria-transit permit. Pages 1, 2, 3 should	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN.	THE FUNERAL DIRECTOR: After this certifical	be filed within 72 hours after death with the Sta	IMPORTANT: If Item 28 is marked, or ite

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

l l	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  2. TIME OF DEATH												
	Ida Ellen Odensos												3:30 PM
	4. SOCIAL SECURITY NUME 218-03-676	5. SEX	6. AGE (In yrs. In 82	at birthday) YRS.	IF UNDER	DAYS	F UNDER 24 HRS. 7. DATE (Month		7. DATE OF BIRTH (Month, Day, Ye 03/05/	1	8. BIRTHPLACE (State or I Country) Maryland		
	9e. FACILITY NAME (If not institution, give street end number)					9b. CITY	r, TOWN (	OR LOCATION	ON OF OE			UNTY OF D	
DIRECTOR	1956 Brady Ave.						The state of the s					Baltimore	
EC	10e. STATE 10b. COUNTY				10c. CIT	ITY, TOWN OR LOCATION					10d. INSIDE CITY		
	Md.	Balti	more		Ha	lethorpe							1 YES 2 NO
FUNERAL	1956 Brady	Ave.					101	zip cooi	1227		10g. C	10g. CITIZEN OF WHAT COUNTRY?	
	11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 FORCES?  IF YES, GIVE WAR OR DATES				RMED (NO		If yes, sp	ecify Cuba	n, Mexicar	IC ORIGIN? (Specif n, Puerte Rican, etc		Black, White, etc.	
9 8 ₹	3 Widowed 4 Divo					1 ☐ YES 2 NO Specify:						Specify: white	
E	(Specify only	EDENT'S EDUC highest grade	completed)		ECEDENT'S Give kind of le. Do NOT u	Work done	CCUPATIO during mo	ON st of workin	ng	16b. KIND O	BUSINESS/	NOUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Tomem								
00	17. FATHER'S NAME (First, M. George W.									NE (First, Middle, Mi		)	
BE	194. INFORMANT'S NAME (7		75		Ob. 444 H INC	100050	0 (0)			oute Number, City o			
2	Jacob Oder	isos			1956	Bra	dy A	ve.,	Bal.	to., Md.	2122	27	
	20a METHOD OF DISPOSITI 1 Denial 2 Cremation 4 Donation 5 Other	n la 🗆 Remo	ovel from State	20b. PLACE cometery, co Meado	AND DATE	ot DISPOS	SITION /Ne	me of	Park	12 <sup>0</sup> /03 20	Elleri	- City or Ti	own, State
	21. BIGHATURE OF PURPLE	SERVICE LIC	ENSEE L	2 1		22.	NAME A	O ADDRES		nan Fune			
	· /	ary	2. L	aufor	ung		5695	Main	n St.	. Elkri	dre. I	۸d.	21227
	23. PART (. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Finel disease or condition   Chapter Part   Failure									Onset and Death			
	resulting in death) a. CP (CO) 10 10 10 10 10 10 10 10 10 10 10 10 10										////		
NO	Sequentially list conditions. To COPONZY AITERY D. Wall											1782	
CATI	If any, leading to immediate cause. Enter UNDERLYING  17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
MEDICAL CERTIFICATION	CAUSE (Disease or Inju that initiated events resulting in death) I.AS		OUE TO	(OR AS A CONSE	OUENCE O	F):				···			
CER	DESCRIPTION OF THE PROPERTY OF	resulting in deeth) LAST											
AL	PART II. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  AMALABLE PRIOR TO									. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDIC I									OF DEATH?				
	1 YES 2 NO										1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)			
YSIC	1 - YES 2100		HOSPITAL:	ER/Outpatient	3 DOA	OTHEI		e 5 □ Re	sidence (	B C Other (Specify)			
ву РН		Pending Investigation	26e. DATE OF (Month, E		26b. TIN	IE OF JURY M		URY AT RK? 'ES 2	] NO	28d. DESCRIBE H	OW INJURY O	CCURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offics building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offics City or Town, Steele)									Route Number,			
	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, d	eath occurr	ed at the 1	lme, date	and place	end due	to the causals) and	manner as a	Inted	
COMPLETED													s) and manner ee stated.
BE	290. SIGNATURE AND TITLE OF CERTIFIER  290. LICENSE NUMBER  290. DATE SIGNED (Mogth, Day, Your)									Nan			
2	30. NAME AND APOPLESS OF ROAD  31. DATE PLED (MONTH, Day.	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITI	EM 27) (Type	Print)	,	0		2 11		1/3	473
	31. DATE PILED (Month, Day.	(par)   S	M MY	5 74	17 M	1.111	ens	The	1	57 Utions	one, 1	49	21229
DEC 0 2 1992 July 1010													

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	TO WE HANDOW OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	TO HER COLUMN METEROR; After this certificate has been signed by the attending physician and completely filled in	be the within 72 form after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or r	IMPORTANT II IIem 28 is marked, or item 23 shows any injury, or other traumatic event, the me
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	es t	gne	age age	60
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN		2 3:	3717
	1. DECEDENT'S NAME (First, Middle, Lest) PATCLL	JOSEPH	0'50	LLIN	ANR	2. DATE OF DEATH	-	EAR O	ME OF DEATH
	4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)F L	MDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.		E (State or Foreign
R.C	90. FACILITY NAME (If not institution, give s		9b.		OR LOCATION OF DE		9c. COUNTY		
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCAT	ION			10d, f	INSIDE CITY
	100. STREET AND NUMBER	nfons	AB	101.	. ZIP CODE		10g. CITIZEI	1 🗆	YES 2 NO
FUNERAL	3637 # 2 11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Ye		D J C	merican Indian
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 DNO Specify	n, Puerto Rican, etc.)		Specify:	4 1 75
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos		16b. KIND OF BU		TRY	
COMPLET	10 years 17. FATHER'S NAME (First, Middle, Last)		Cook		18. MOTHER'S NA	Casa N ME (First, Middle, Meide			
BEC	Vincent D. O'Sul	livan				e E. Grave			
5	Mrs. Kimberly A.	O'Sullivan				Route Number, City or To			1009
	20s. METHOD OF DISPOSITION  X & Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	2015	PLACE AND DATE OF DIS	SPOSITION (No.	me of	04TE 200 L	OCATION - City	y or Town, Sta	late
	21. SIGNATURE OF FUNERAL SERVICE LIE  E. J. Lassan	CENSEE	S. AFR ME.	22. NAME AN	D ADDRESS OF FA	Curana 1	HARFOR	ID CO	•
	23. PART I. Enter the diseases, Dr.				DOLUME I	TO I ITALINGO			1087
	ahock, or heart failure.  IMMEDIATE CAUSE (Fine)  disease or condition resulting in death)	a. M S S 1 U  DUE TO (OR AS A	E (AA)	NIO I	CENES	ral in			Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):	LE (	Acus	とかっ			×
4: MEDICAL C	PART II. Other significant condition	s contributing to death b			g ceuse given in	Part I. 24a. WAS A PERFO	RMED?	COMPI COMPI OF DE	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 100
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	sck only one)			
ΞI	1 VES 2 NO 27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED	
D BY P	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	11-300	12 2-304 7 — At home, farm, street	M 1 🗆 Y	YES 2 NO	281. LOCATION (Street City or Town, State	and Number or		IMIALT
ETE	4 Homicide determined		AGNO			ום נפנים שו	+4-21)		95.
COMPL	(Check only one) 2 MEOICAL EXAMINE	ICIAN: To the best of my know ER: On the basis of examination							manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	-ha	DME		29c. LICENSE NUN	1BER 809	29d. DATE S	30 C	1, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	S 10 BEZA		102		Son ~	10 2	104	7 .
	DEC 2 1992	Jan AEGISTRAR'S SIGN	AVIE						

	ermit. Pages 1, 2, 3 should			
al or attending physician.	for use as the burial-transit p			
may be retained by the hospi	or, page 5 should be detached		ust be notified at once.	
n 24 hours after death. Page 6	ly filled in by the funeral direct	ation, of removal.	the medical examiner m	
th certificate be executed within	ending physician and complete	rivgiene prior to bunal, crem	or other traumatic event,	
The law requires that the deal	ite has been signed by the att	are Dept. or nearth and Merital	em 23 shows any Injury,	
THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THI. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	A hours after death with the state bept. Of health and mental hyghene prior to bunal, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR								
	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF			HYGIENE REG. NO.		
- 8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	YEAR	3. TIME OF DEATH
	LEO W. PEARSON					11	30 1	992	8:40 p M
1	092-20-6333	XM2□F 6	In yrs. last birthday)  3 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		BIFTTH By. Year) 1-1929	Country	York
œ	9a. FACILITY NAME (If not institution, give etreet			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
010	THE JOHNS HOPKINS							TIMOR	E CITY
DIRECTOR	MD. Anne A	ofton	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1162 Jeffery Dr				и. zip code 21114			S.A.	HAT COUNTRY?
BY	1 Never Married 2X XMarried	WAS DECEDENT EVER IF FORCES? 1 ☑ YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DE If yes, s 1 — YE	CENDENT OF HISPA pecify Cuben, Mexic \$ 2 NO Speci	INIC ORIGIN? (S an, Puerto Rica lfy:	Specify Yes or No— n, etc.)	14. RACE Black, Specify Whit	
COMPLETED		ollege (1-4 or 5+)	life. Do NOT us	vork done during m retired.)			ND OF BUSINESS/II	56.415.517	
MP	12 5		Consul	tant			ngineer		
BE CO	17. FATHER'S NAME (First, Middle, Last)  Joseph Pearson				Ethel	Caret			
2	19e. INFORMANT'S NAME (Type/Print) Patricia Pearsor	ı	196. MAILING 1162	Jeffer	end Number or Rural	Croftc	on, Md.	2111	14
	20a. METHOD QF DISPOSITION 1	from State	PLACE AND DATE Of the left of	nt Cre	matory	12-			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	R.Phill	ip STac 00550	k Brad 2134	ND ADDRESS OF FA ley-Ash WIllow	ton F Spri	uneral ng Rd.,	Home Balt	, INc. o.Md.2122
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE R. Phillip STack Bradley—Ashton Funeral Home Public MOO550 Bradley—Ashton Funeral Home 2134 WIllow Spring Rd., Bal 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.								
	disease or condition	Simon 3	0.11	-					Approximate Interval Between Onset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		0.11	Der.	usma )			,	Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		CONSEQUENCE OF	Der.					Interval Between Onset and Death
NCAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	): 7:	usma 1	wy	a. WAS AN AUTOPS' PERFORMED?	Y 24b.	Interval Between Onset and Death  I TOWN  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions cond	OUE TO (OR AS A PARTIEUM OF TO	CONSEQUENCE OF	): 7:	usma 1	wy	e. WAS AN AUTOPS	Y 24b.	Interval Between Onset and Death    Two
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions cond	oue to (or as a partibuting to deeth be a specific to the spec	CONSEQUENCE OF	in the underlyle	usma 1	1 Part I. 24	a. WAS AN AUTOPS' PERFORMED?	Y 24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions cond	OUE TO (OR AS A PARTIEUM OF TO	CONSEQUENCE OF	in the underlyle	usma \	Part I. 24	a. WAS AN AUTOPS' PERFORMED? YES 2 \( \sqrt{NO} \)	Y 24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions cond	oue to (or as a partibuting to deeth b	CONSEQUENCE OF CONSEQ	26. F  OTHER: 4   Nursing Hote Unry   28c. IN	ng ceuse given in	Part I. 24	a. WAS AN AUTOPS' PERFORMED? YES 2 \( \sqrt{NO} \)	Y 24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significent conditions cond	OUE TO (OR AS A portributing to deeth by San San San San San San San San San San	CONSEQUENCE OF  CONSEQUENCE OF  CONSEQUENCE OF  ACCONSEQUENCE OF	26. F OTHER: 4   Nursing Hot URY   M   1	Ig ceuse given in  PLACE OF DEATH (C	Part I. 24  Pheck only one)  6 Other (S)  28d. DESCRI	a. WAS AN AUTOPS' PERFORMED? VES 2 NO	Y 24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions cond	OUE TO (OR AS A DONTINUE OF TO THE DESCRIPTION OF THE OF INJURY (Month, Dey, Year)  200. PLACE OF INJURY building, etc. (Special Control of the Dest of my know)	CONSEQUENCE OF CONSEQ	26. F OTHER: 4   Nursing Hot URY M 1   Intreet, factory, officed at the time, det	PLACE OF OEATH (C) THE S Residence JURY AT ORK? YES 2 NO ce e end place, and du	heck only one)  6 Other (Sp  28d. DESCRI  28f. LOCATIC Chy or R	a. WAS AN AUTOPS' PERFORMED? VES 2 NO Decity) BE HOW INJURY O ON (Street and Numbown, State)	Y 24b.  CCUREO  cr or Rural Ru lated.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significent conditions cond	OUE TO (OR AS A partibuting to deeth by Saphuage of ER/Outp Care of INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Control of ER/Outp building). To the best of my known the basis of examination	CONSEQUENCE OF CONSEQ	26. F OTHER: M 1 1  Attreet, factory, offit and at the time, dat n, in my opinion,	PLACE OF OEATH (C) THE S Residence JURY AT ORK? YES 2 NO ce e end place, and du	1 Part I. 24  Phack only one)  6 Other (Sp. 28d. DESCRI  28f. LOCATIC City or R	a. WAS AN AUTOPS' PERFORMED? YES 2 NO Decity) BE HOW INJURY O DN (Street and Numb own, State) and manner as at	Y 24b.  CCUREO er or Rural Ru tated. the cause(e)	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other significent conditions cond	OUE TO (OR AS A partibuting to deeth by Saphuage of ER/Outp Care of INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Control of ER/Outp building). To the best of my known the basis of examination	CONSEQUENCE OF CONSEQ	26. F OTHER: M 1 1  Attreet, factory, offit and at the time, dat n, in my opinion,	PLACE OF OEATH (Come 5   Residence JURY AT ORK? YES 2   NO ce e end place, and dudenth occured at the	Part I. 24  Phack only one)  6 Other (St 28d. DESCRI  26f. LOCATIC City or R  to the cause( a time, date and	a. WAS AN AUTOPS' PERFORMED? YES 2 NO Decity) BE HOW INJURY O DN (Street and Numb own, State) and manner as at	CCUREO  CCUREO  or or Rural Ru  the cause(e)	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

Michael Mary Contract

RAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. VIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23

FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		C	EHIIF	ICALE	UF	DEMI	П	HI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	ph Edwar	d Perar	0					2. DATE OF D MONTH	DA	7	YEAR	3. TIME OF DEATH  9:40 P M
										29/92	<u></u>		
	4. SOCIAL SECURITY NUMBER 215-32-7283	5. SEX 1 🛣 M 2 🗌 F	8. AGE (In yrs. In	st birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B	57189	99	6. BIRTH Countr	PLACE (State or Foreign  Maryland
- 1	9a. FACILITY NAME (If not institution, give s	met and number)			9h CITY	TOWN C	R LOCATIO	ON OF DE		· 1		NTY OF D	EATH
œ l	7804 Kenbridg						dale					altir	
0	RESIDENCE OF DECEDENT	ge Koau			1	OCK	aare				De	alti	1016
입	10a, STATE 10b. COUNTY	,	-	10c, CIT	Y, TOWN O	R LOCAT	ION			-		П	10d. INSIDE CITY
E	Maryland Ba	ltimore		Rockdale					LIMITS?				
51	10e. STREET AND NUMBER	II CIMOI C		101, ZtP CODE									
FUNERAL DIRECTOR		Dand					1244 United			States			
핒	7804 Kenbridge Road  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AF												
5			TEVER IN U.S. AI						or No-	14. RACI Black	E — American Indian, k, Whita, etc.		
B	1 Never Married 2 Married IF YES, GIVE WAR OR DATES  3.7.7. Wildowed 4 Divorced				1	☐ YES	2 <b>N</b> NO	Specify	r:			Spec	"y: White
	AT DECEDENTIA FOLL	O TION	40- 0	FOEDENTIO	HOUAL OF	DOLUBATIO	241		T 485 MINE	D OF BUILD	INESS/IN	DUCTOV	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 6th grade  15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refelred.)  Barber  15. MOTHER  15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refelred.)  Barber  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refelred.)  Barber						ng	IOU. KINI	D OF BOS	HAC99/HAI	Doşini			
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Barl	-				Se	1 f - E	mp1o	ved	
M	6th grade			Dari	<i></i>							,	
8	17. FATNER'S NAME (First, Middle, Last)						And the second	<sub>ers na</sub>	ME (First, Middle	s, Maiden	Sumame)		
BE	Salvatore Peraro												
2	19a. INFORMANT'S NAME (Type/Print)		16						Poute Number, Coad Ba				21244
	Mr. Joseph S. Per	raro		_					oau b				
	20e, METHOD OF DISPOSITION  1 N Buriel 2 Cremetion 3 Rem	oval from State	20b. PLACE other p	OF DISPO	SITION (Na	me of cer	metery, crer	matory or				City or To	
	4 Donatton 6 Other (Specify)		New	Cat	nedra	IT C	emet	ery		ва	111111	ore,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, In						. Inc.			
	1 Joseph &	Kells	non			8728 Liberty Road Randallstown, MD 21133							
	23. PARCY. Enter the diseases, pr			eath. Do									Approximata
	shock, or heart fallure.										•		Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	A	11775	Δ.	C 4 A	1.1	. 1	PAJA	ZANE:	7/10			har a de Mi
	resulting in death)	a. 70 C	W 1 0	my	CAMI	11/10	- 4	-/-;	WILL !	TON			Minung
		A	O (OR AS A CONSE	· LAA	7).	60	mn/	BUA	CC LL.A	-1			100
CERTIFICATION	Sequentially list conditions,	b. OHE TO	OR AS A CONSI	FOLIENCE O	E.		// (	1014	J CCC MA	7	<u> </u>		13000
AT	if any, leading to immediate cause. Enter UNDERLYING	327-1											
FIC	CAUSE (Disease or Injury that initiated events	c DUE TO	O (OR AS A CONSI	EOUENCE C	F):								
E	resulting in death) LAST												
CE		d											
	PART II. Other algnificent condition	na contributing t	o deeth but not	resulting	in the ur	nderlyin	g ceuse	given in	Part I. 24s	. WAS AN	AUTOPSY	241	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL	Senera sue	mony	topre.	2-1					10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
	/	,	A									- 1	1   YES 2   NO
Σ.									_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF E	DEATN (Ch	eck only one)				
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		na 5 🗆 B	eeldence	6 Other (Sc	nac/h/)			
17.	27. MANNER OF DEATH	28e, DATE C		26b. TII	1		JURY AT	in a row in the	26d. DESCRI		NJURY O	CCURED	
	1 Natural 5 Pending	(Month,	Day, Year)	IN	JURY M	W	DRK? YES 2	□ NO	0.51 10 1300				
BY	2 Accident Investigation	26a, PLACE	OF INJURY — At I	nome, farm.	street, fac				26f. LOCATIO	N (Street	and Numb	er or Aurel	Route Number,
0	3 Suicide 6 Could not be 4 Nomicide determined	building	, etc. (Specify)							own, State)			,
ET.	29a, CERTIFIER					_		_			_		
APL	(Check only	ICIAN: To the best											
COMPLET	2 MEDICAL EXAMIN	ER: On the beels of	examination and/o	r investigati	on, tn my	opinion,	death occu	ared at the	time, date and	l place, ar	d due to	the ceuse	a) and manner ee stated.
ш	29b. SIGNATURE AND TITLE OF CHATIFIE	11	100	3			29c, L10	ENSE NU	MBER		29d. O/	TE SIGNE	D (Month, Day, Year)
B	/ 1		4					D	1696			11/3	10/92
5	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)				1 4		-		
	15 WCH	m,6	16 PX	MK	ME	194	4 10	23	(220	a.	15	2/	, _
4	31. DATE FILED (Month, Day, Year)	32. REGISTI	AR'S SIGNATURE										
	UEC 0 2 1992 9	the Bevidso	n-Aandell	_									
											_		

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlal-transit permit. Pages 1, 2. 3 should min 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to bunlal, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

1 3	REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last)  HAMMOND B. PIFRPONT  2. DATE OF DEATH MONTH DAY 1/ 30 92									
	4. SOCIAL SECURITY NUMBER						11 30	9	2 11	
	216 16 8223	5. SEX 6. AGE	(In yrs. lest birthdi	MONTHS D	EAR IF UNDER :	MIN. 7. DA	TE OF BIRTH	08	BIRTHPLACE (State or Fi Country)	
	9a. FACILITY NAME (If not institution, give	45	04		WN OR LOCATIO	N OF DEATH	6 28		TY OF DEATH	
DIRECTOR	Stella Maris Hos	pice			wson			12 21 21 21	Baltimore	
l m	10a. STATE 10b. COUN	пу	10c.	CITY, TOWN OR I	OCATION				10d. INSIDE CITY	
풉	Maryland Ba	altimore		Baltim	ore				1 YES 2 2	
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE				EN OF WHAT COUNTRY?	
Ä	8025 Liberty Roa					2.44			ed States	
	1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 (X)NO	If ye	is, specify Cuban	, Mexican, Puer	GIN? (Specify Yes	s or No—	<ol> <li>RACE — American Indi Black, White, etc.</li> </ol>	
B	3 🗶 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	AIES	'-	YES 2 XNO	Specify:			Specify: White	
E G	15. DECEDENT'S ED (Specify only highest grad	DUCATION de completed)	(Give kind	IT'S USUAL OCCU		,	166. KIND OF BUS	SINESS/INDU	USTRY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIa. Do NO	School		·	nd Nuna	o wirm a	-	
COMPLET	12. years  17. FATHER'S NAME (First, Middle, Last)		Ket:	SCHOOL			nd Nurs			
6	Walter J. Pierpo	ont					Emmart			
e m	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (S					Code)	
1	Mrs. Sharon Stra	and		816 Plo						
	20e. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Re	moval from State 20t	PLACE AND DA	TE OF DISPOSITIO	Name of	1		Oc. LOCATION — City or Town, State		
	4 Donation 5 Other (Specify) Cremation 7 Removal from State    4 Donation 5 Other (Specify)									
and the second	A days of	a /V	1000	22. NAI	ME ANO ADDRES	S OF FACILITY	1 D.	w. a.h.a		
			011						rs, Inc.	
	23. PART   Enter the diseases, or hock, or heart failure	r complications that caused. List only one cause on	ethic death. D	872	8 Liber	ty Roa	d Rand	allst	own MD 211	
	23. PART Shier the disease, or heart failure mock, or heart failure limmeDiaT CAUSE (Final disease condition resulting in death)	. List only one cause on .	stage	872	8 Liber	ty Roa	d Rand	allst	own MD 211	
	immediate CAUSE (Final disease of condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Ond S	CONSEQUENCE	Pen a  Fen a  Fen a  Fen a	8 Liber	ty Roa	d Rand	allst	own MD 211	
ERTIFICATION	immediate (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a S  DUE TO (OR AS A  C	CONSEQUENCE	Pen a  Fen a  Fen a  Fen a	8 Liber	ty Roa	d Rand	allst	own MD 211	
CERTIFICATION	immediate CAUSE (Final disease of condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS A DUE TO (OR A DUE TO (OR	Tag2 a consequence	Po not enter the Ven & E OF):	8 Liber node of dyln fai	ty Roa	d Rand	allst	own MD 211  est, Approxim interval B Onset and	
DICAL CERTIFICATION	immediate CAUSE (Final disease of condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR A DUE TO (OR	Tag2 a consequence	Po not enter the Ven & E OF):	8 Liber node of dyln fai	ty Roa	d Rand	allst iratory arre	OWN MD 2.1.1  Pet, Approximinterval B Onset and Onset an	
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A HILLENDING PHYSICIAN THE INVIETNMENT OF THE IDEATH CERTIFICATE DE EXECUTED WITHIN 24 NOWS ATTER DEATH. Page 5 may be retained	THEFTICH After the community has been somed by the attending physician and completely filled in by the funeral director, page 5 show	was line community of the community of t	

	Items 10e,19b, per F.F. FOR STATE REGISTRAR	TATE OF MARYLAND /			MENTAL HYGIENE REG. NO.	2 00121		
	1. DECEDENT'S NAME (FINA MICE LOSI) DOVIE PHILLI	IPS			2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH		
	1327	%M 2 □ F 86	YRS. MONTHS	MYS HOURS MM.	7. DATE OF BIFTH (Month, Day, Year)  08-24-06	BERTHPLACE (State or Foreign N. Carolina		
СТОВ	9a. FACILITY NAME (If not institution, give street as  (W) ON IMPERIOR!  RESIDENCE OF DECEDENT			OWN OR LOCATION OF DI PALTIMEOU		OUNTY OF DEATH		
DIRE	MD.  10c. CITY, TOWN OR LOCATION  10d. IN  Baltimore City							
NERAL	2120 N. Payson	U.S.						
BY FUNE	1 Never Married 2 R. Married	MAS DECEDENT EVER IN U.S. ARI FORCES? X\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0 11	S DECENDENT OF HISPAI es, specify Cuben, Mexics YES 2 1 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: Black		
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete comp	N 16a, DE(	CEDENT'S USUAL OCCUP Wind of work done du Do NOT use retired.)  Retire	ing most of working	Tin Mill	NOUSTRY		
ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Leat)  Jeff Phillip	s		18. MOTHER'S NA Bir	ME (First, Middle, Maiden Surname)			
be notified TO BE	19a. INFORMANT'S NAME (Type/Print) Sadie Phillips	196		Pulaski Dayson ST		21217		
	28a_METHOD OF DISPOSITION 1 Curied 2 Cormation 3 Removal II 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	com State Garr	22 N	est Vet.	Cem. Owing	City or Town, State Smills, MD.		
medical examiner must	23. PART I. Enter the diseases, or compl	Aug (	½281 E.	L.Phiilps	F/H Balto.	7 N.Monroe ST ,MD. 21217		
vent, the medi	shock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	SETPS	15	e mode or bying, suc	n as cardiac or respiratory a	Approximate Interval Between Onset and Death		
or other traumatic or	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTIO	UENCE OF):	VCER OF	ORIGIN	77 h RS APPROXIMA 2 Y EAL		
문	PART II. Other significant conditions con	ntributing to death but not re	Rulmon	riying cause given in	Part I. 24a. WAS AN AUTOPS' PERFORMED?	24b. WERE AUTOPSY FINDINGS MINILABLE PRIOR TO COMPLETION OF CAUSE		
ME	PARKISON DIMENTI	STRUCTIVE 115 DISEAS			- Tes 2 I NO	OF DEATH?  1 □ YES 2 NO		
ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL: Inpatient 2 ER/Outpatient 3	OTHER:	26. PLACE OF DEATH (Ch				
marked, a BY PHY	27. MANNER OF DEATH  1 Matural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 12	C. INJURY AT WORK? 1 YES 2 NO	284. DESCRIBE HOW INJURY O			
tem 28 ts	3 Suicide 4 Homicide 5 Could not be determined  26a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stelle)  26a. CERTIFURG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.							
SE COMPL			westigation, in my opi	ion, death occured at the	time, date and place, and due to	the cause(a) and manner as stated.		
TO BE	30. NAME AND ADDRESS OF PERSON WHILD COM	IPLETED CAUSE OF OEATH (TEN	VERRY (Type, Print)	#362	25 7 Þ	ATE SIGNED (Month, Day, Visor)		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE A 2 Day ason Manual	ITY 8.	KWY B	ACTI MORE 1	ND		
	DEC 2 1992 200	o kimimar - North				DHMH-16 Rev 1/6		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nettified at once.

	1 - FOR STATE REGISTRAR	OF MARYLAND / DE	EPARTMENT O			YGIENE EG. NO.			
- 3	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF	DEATH		3. TIME OF DEATH	
	Joseph Reihl				12-1	_92	YEA	5:00 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birt	**		7. DATE OF I	BIRTH	0. B	HRTHPLACE (State or Foreign	
9	216-12-4117 1 M 2 [	/ 3	YRS. MONTHS D.	AYS HOURS MH.	(Morith, De 8–26			aryland	
_	9a. FACILITY NAME (If not institution, give street and numb	er)		WN OR LOCATION OF D	EATH 9c. COUNTY OF DEATH				
DIRECTOR	6104 Hamilton Ave.		Bā	ltimore			Balt:	imore	
Di Di	10a. STATE 10b. COUNTY	10	Oc. CITY, TOWN OR I	OCATION				10d. INSIDE CITY	
H	Maryland Baltimore Baltimore							LIMITS?	
¥	104. STREET AND NUMBER 101. ZIP CODE					10	0g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	6104 Hamilton Ave. 21237						U.	.S.A.	
5		CEDENT EVER IN U.S. ARMED		DECENDENT OF HISPA s, specify Cuban, Maxic	NIC ORIGIN? (S	pecify Yes or	No- 14.	RACE — American Indian, Black, White, etc.	
BY	3 Widowed A Diversed	GIVE WAR OR DATES	10	YES 2 NO Speci	fy:	, •,		Specify: White	
ED	15. DECEDENT'S EDUCATION	V II	DENT'S USUAL OCCU	PATION	16h Kib	O OF BUSINE	EGG/BAD/JETT		
1 4	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-	(Give k	und of work done duri NOT use retired.)	ng most of working	1000. 1001	o or boome		ar.	
A	7 -===		artenter			Loca	al 101	1	
COMPL	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	AME (First, Middl				
BE (	Frederick T. Reihl			Sarah (					
10	19a. INFORMANT'S NAME (Type/Print)			reet and Number or Rural					
-	Norma Reihl			on Ave. Ba					
1 8	20a. METHOD OF DISPOSITION  1 Dispuriel 2 Cremation 3 Removal from Sta	rte cametery cremate	DATE OF DISPOSITION or other place)	•	DATE			or Town, State	
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Oak Lat	Dak Lawn cemetery 12-4			Balt	timore	e, M)	
		wach		ch/Roseda]		ral Ho	ome		
$\vdash$	newaan C		121	1 Chesaco	Ave Ro	sedale	CIM .	21237	
1 1	23. PART I. Enter the diseases, or complication	is that caused the death.	. Do not enter the	mode of dylag suc	h as cardiac	or respirate	ory arrest.	Approximate	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or re shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final							Interval Between	
	IMMEDIATE CAUSE (Final			, mood of aying, au	,,, da Ozio,		,,	Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final			,				Interval Between	
7	IMMEDIATE CAUSE (Final disease or condition resulting in death)	TICEM LA UE TO (OR AS A CONSEQUEI	NCE OF):					Interval Between Onset and Death 2 - 3 DAYS	
ION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	TICEM LA UE TO (OR AS A CONSEQUEI AL DECUB	NCE OF):					Interval Between Onset and Death 2 - 3 DAYS	
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	TICEM LA  UE TO (OR AS A CONSEQUEI  CAL DEC UR  UE TO (OR AS A CONSEQUEI  CAPLEGIA	NCE OF):					Interval Between Onset and Death 2 - 3 DAYS	
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	TICEM LA  UE TO (OR AS A CONSEQUEI  AL DEC UR  UE TO (OR AS A CONSEQUEI  A PLEGIA  UE TO (OR AS A CONSEQUEI  UE TO (OR AS A CONSEQUEI  UE TO (OR AS A CONSEQUEI	NCE OF):  NCE OF):	icen				Interval Between Onset and Death 2 - 3 DAYS  I'lz YM  I'lz YM	
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1 - 1	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributions	TICEM (A  UE TO (OR AS A CONSEQUE)  MAL DECUB  UE TO (OR AS A CONSEQUE)  APLEGIA  UE TO (OR AS A CONSEQUE)  MIC APLUA  Ing to death but not resu	NCE OF):  IT V S U U  NCE OF):  NCE OF):  U(V)  ilting in the under	LUER NGAOMMAZ	Part i. 24e	. WAS AN ALT	TOPSY D?	Interval Between Onset and Death 2 3 DAYS  1/2 YM  1/2 YM  1/2 YM  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO	
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PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributed to the conditions contributed to th	TICEM LA  UE TO (OR AS A CONSEQUEI  CAL DECUB  UE TO (OR AS A CONSEQUEI  CAPLED A  UE TO (OR AS A CONSEQUEI  MIC ANEUR  A	NCE OF):  IT V S V S  NCE OF):  MCE	OF PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK?	Part i. 24e 1 [ neck only one) 6 □ Other (Sp	. WAS AN AUT PERFORMEI YES	TOPSY D? NO	Interval Between Onset and Death 2 3 DAYS  I'l. YM  I'l.	
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contribute CA (Fastore S)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO	TICEM IA  UE TO (OR AS A CONSEQUENT  LE TO (OR AS A CONSEQUENT  OF TO (OR A	NCE OF):  ITVS US  NCE OF):  NCE OF):  MCF OF)	OFFICE OF DEATH (C) Home 5 Residence: INJURY AT WORK? VES 2 NO office	Part i. 24a  1 [  neck only one) 6 □ Other (Sp  28d. DE\$CRIII  281. LOCATIO City or 70	ecify)  N (Street and in the street)  N (Street and in the street)	TOPSY D? NO IRY OCCURE Number or Rt	Interval Between Onset and Death 2 3 DAYS  I'l. YM  I'l.	
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributed to the conditions contributed to th	TICEM IA  UE TO (OR AS A CONSEQUENT  LE TO (OR AS A CONSEQUENT  OF TO (OR A	NCE OF):  ITVS US  NCE OF):  NCE OF):  MCF OF)	OF PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? VES 2 NO office  data and place, and due on, death occurred at the	Part i. 24s  1 [  Other (Sp  28d. DESCRII  28f. LOCATIO City or To	ecity)  N (Street and in win, State)  and menner place, and de	TOPSY D?  NO  TRY OCCURE  Number or Ri.  as stated, use to the cau	Interval Between Onset and Death  2 3 DAYS  I'A YAS  I'A YAS  I'A YAS  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contribute CA (Fastore S)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO	TICEM IA  UE TO (OR AS A CONSEQUENT  LE TO (OR AS A CONSEQUENT  OF TO (OR A	NCE OF):  ITVS US  NCE OF):  NCE OF):  MCF OF)	Tying cause given in  19. PLACE OF DEATH (C)  Home 5 Residence  1. INJURY AT  VES 2 NO  office  data and place, and due on, death occurred at the	Part i. 244  1 [  Other (Sp  281, LOCATIO City or 70  to the cause(s) tima, data and	ecity)  N (Street and in win, State)  and menner place, and de	TOPSY D?  NO  TRY OCCURE  Number or Ri.  as stated, use to the cau	Interval Between Onset and Death 2 3 DAYS  I'l. YM  I'l.	
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributed to the conditions contributed to th	UE TO (OR AS A CONSEQUENCAL DEC UR  LUE TO (OR AS A CONSEQUENCA PLEGIA  UE TO (OR AS A CONSEQUENCA PLEGIA  UE TO (OR AS A CONSEQUENCA PLEGIA  INTERPORT OF THE PROPERTY OF THE	NCE OF):  IT V S V S  NCE OF):  MCE	INJURY AT WORK?  VES 2 NO office  VES 2 NO office  29c. LICENSE NU	Part i. 24a  1 [  Deck only one)  6 Other (Sp  28d. DESCRIII  28f. LOCATIO City or To  to the cause(s) tima, deta and	ecity)  N (Street and in the street)  N (Street and in the street)  and manner place, and do	TOPSY DY NO IRY OCCURE Number or Re rea stated, ue to the cau lid. DATE SIG	Interval Between Onset and Death 2 3 DAYS  I'l. YM  I'l.	
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributed to the conditions contributed to th	UE TO (OR AS A CONSEQUENCAL DEC UR  LUE TO (OR AS A CONSEQUENCA PLEGIA  UE TO (OR AS A CONSEQUENCA PLEGIA  UE TO (OR AS A CONSEQUENCA PLEGIA  INTERPORT OF THE PROPERTY OF THE	NCE OF):  IT V S V S  NCE OF):  MCE	Tying cause given in  19. PLACE OF DEATH (C)  Home 5 Residence  1. INJURY AT  VES 2 NO  office  data and place, and due on, death occurred at the	Part i. 24a  1 [  Deck only one)  6 Other (Sp  28d. DESCRIII  28f. LOCATIO City or To  to the cause(s) tima, deta and	ecity)  N (Street and in the street)  N (Street and in the street)  and manner place, and do	TOPSY DY NO IRY OCCURE Number or Re rea stated, ue to the cau lid. DATE SIG	Interval Between Onset and Death 2 3 DAYS  I'l. YM  I'l.	

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FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 29 ROBERISON 8:33 a M WALTER 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS 12-10-8718A 1 2 1 2 | F Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 DRUID HILL AVENUE BALTIMORE RESIDENCE OF DECEDENT 10h COUNTY 10d. INSIDE CITY imore 1 YES 2 NO FUNERAL STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) WAS DECEDENT EVER IN U.S. ARMED 14. RACE FORCES? 1 YES 2 IF YES, GIVE WAR DR DATES If yes, specify Cuban, Mexican, Pu 1 Never Merried 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE 19b. MAILING ADDRESS (S 2 pe 20a. METHOD OF DISPOSITION M. PLACE AND DATE OF DISPOSITION must director, Burial 2 Cremation 3 -4 Donation 5 Other (Specify) examiner ATUME OF FUNERAL SERVICE LICENSEE 22 NAME AND the funeral ud medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inding physician and completely filled in by Hygiene prior to burial, cremation, or remo Approximata shock, or heart feilure. List only one ceuse on each line. interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) Arteriosclerotic Cardiovascular Disease PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEDUENCE OF): has been signed by the attending physician Dept. of Health and Mental Hygiene prior to CAUSE (Diseese or Injury or other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST MEDICAL PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? item 23 shows any 1 TYES 2 NO OF DEATH? INQUIRY 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH /Check only one FRAL DIRECTOR: After this certificate In 72 hours after death with the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: TES 2 NO 4 I Nu 5 Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28s. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, XIX Natural 5 Pending investige 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 6 Could not be determined 4 Homicide item 28 29a. CERTIFIER

(Chack only 1 CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated MPORTANT: II 2 💢 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. within 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) Wright MD O.C.M.E. ▶ 11/29/92 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21201 Penn Street, Baltimore, Maryland Donald G. Wright

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer nermit Panes 1 2 3 excent	lation, or removal.	, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	After	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR	STATE OF MARYL	AND / DEPART	TMENT OF HEALTH AN	IN MENTA	LUVCIEN	E	
	1 - STATE REGISTRAR	OTALE OF MARTIE	CERTIFI	CATE OF DEATH	IN MEKIN	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					OF DEATH		3. TIME OF DEATH
	THOMAS	L. SHER	DAD		MONT	V. 28	day I day	AR / ImA
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	n yrs. lest birthday)	IF UNDER 1 YEAR   IF UNDER 24 H		OF BIRTH		BIRTHPLACE (State or Foreign
	217 24 8978	15 M 2 D F 7	YRS.	MONTHS DAYS HOURS MI	- 0	h, Day, Ybar)	מון כל	Country)
	9e. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY, TOWN OR LOCATION O		7.14,1	9c. COUNTY	IARYLAND
E	8715 Fowler	Dis		Prok. 116	TUENT	·	G A	OF DEATH
18	RESIDENCE OF DECEDENT	1102.		1 HRIVILLE			CHPI	injoke
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCATION				10d. INSIDE CITY
	FLORIDA		120	GSWATER				LIMITS?
¥	10s. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	O WOLLIN 11PI	AK ORIV		3211	+1		0	.07.
5		12. WAS DECEDENT EVER IN FORCES? 1 2 YES		13. WAS DECENDENT OF HI	SPANIC ORIGIN	17 (Specify Yes	or No.— 14.	RACE — American Indian,
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 X YES	TES_NO	If yes, specify Cuban, Me	exican, Puerto	Ricen, etc.)		Black, White, etc. Specify:
		W- W-						211) H.L
H	15. OECEDENT'S EDUCA (Specify only highest grade or		(Give kind of we	ISUAL OCCUPATION ork done during most of working	16b	KIND OF BUS	BINESS/INOUST	RY
=	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
COMPLETED	11.7K3.		SUPER	VIJOR	15	HIZC	MeHz	STEEL LORP
	17. FATHER'S NAME (First, Middle, Last)	11 -10		18. MOTHER	NAME (First,	Middle, Meiden	Sumame)	
B	JAMES J	HERIDAN		150	HT	321	KIDI	2000
2	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street and Number or R	ural Route Numi	ber, City or Tow	n, State, Zip Cod	(0)
-	LACITA ICT	LOROS	SA	ME AS AC	3015			
	20e. METHOO OF DISPOSITION  1 Burlel 2 Cremetion 3 Remov	al from State Com	PLACE AND DATE OF	er place Name of	OAT	E 20c, LO	CATION - City	or Town, State
	4 □ Donation 6 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICES		ARKWOO	0 1200156	(P)	TF	RKVIL	I MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		EVANS CHA	PSL O	= MEr	roris:	5
	Korla 42	d, enou		8800 HAR	FORO	RODI	-P	2115 1/80
	23. PART I. Enter the diseases, or col	mplications that caused	tha death. Do no	t entar the mode of dying,	auch aa card	diec or reepi	ratory arrest.	Approximate
	shock, or haert failure. Listing immediate CAUSE (Finel	st only one cause on as	ch iina.				1/1.	intarval Batween Opser and Death
	diseese or condition resulting in death)	MOTERTI	TIA) (1)	dom Carl	non	11/	HIAMA	14-12m
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	:	1000	2011	000160	1 1/2/2/11
z	C h							7
일	Sequantially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF)				1	/
S	CAUSE (Disease or injury							
RTIFICATION	that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF)					
CER	d.							
	PART ii. Other eignificant conditione	contributing to deeth bu	t not resulting in	the underlying cause given	in Part i	24- 400 44	T	
EDICAL			the tooland in	the underlying cause given	WI Paul I.	24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED						1 YES 2	NO	OF GEATH?
Σ								1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL							
[ I	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH OTHER:	(Check only on	e)		
		☐ Inpatient 2 ☐ ER/Outpa		□ Nursing Home 5 KResiden	ce 6 🗆 Other	r (Specify)		
×							I HIRW GOOLINE	
PHY	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WORK?	28d, DES	CHIBE HOW IF	DUNT OCCUME	0
BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	INJU	M 1 YES 2 NO				
р ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26e. DATE OF INJURY	- At home, farm, str	M 1 YES 2 NO	28f. LOC			D Irel Route Number,
р ву рну	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Specif	At home, farm, str	M 1 YES 2 NO	28f. LOC	ATION (Street e or Town, State)	nd Number or Ru	
р ву рну	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  27 CERTIFYING PHYSICIA	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the New Year)	At home, farm, str	M 1 YES 2 NO  set, factory, office  at the time, date end piece, end	28f. LOC.	ATION (Street e or Town, State)	nd Number or Ru	iral Route Number,
р ву рну	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  27 CERTIFYING PHYSICIA	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the New Year)	At home, farm, str	M 1 YES 2 NO	28f. LOC.	ATION (Street e or Town, State)	nd Number or Ru	iral Route Number,
E COMPLETED BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  27 CERTIFYING PHYSICIA	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the New Year)	At home, farm, str	M 1 YES 2 NO  set, factory, office  at the time, date end plece, end In my opinion, death occured at	28f. LOC.	ATION (Street e or Town, State)	nd Number or Ru ner as stated. I due to the ceu	iral Route Number,
BE COMPLETED BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special  AN: To the best of my knowle On the best of examination	At home, farm, str y)  dge, death occurred end/or investigation,	M 1 YES 2 NO  set, factory, office  at the time, date end place, end  In my opinion, death occurred at	28f. LOC. City of	ATION (Street e or Town, State)	nd Number or Ru ner as stated. I due to the ceu	irel Route Number,
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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

200		1123/0117/11				OLITITI	IOAIL	<u> </u>	DEA	111		HEG. NO.			
		1. DECEDENT'S NAME (FIRST,	Middle, (ast)	CHARA							2. DATE C	F DEATH DA		YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMB	5 KI	CHARD	(Richar	rd D.	Reyno		7					12	(1 M
			En	3. SEA	e. MGC (III yrs	s. last birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS	24 HRS.		Day, Year)		Country)	ACE (State or Foreign
Pin		212-48-6868 90. FACILITY NAME (II not in:		1 X X M 2 D F	43	THS.	at our	77774774			-	-1949		Mary.	
3 should	œ								OR LOCATION				9c. COUNT	Y OF DEAT	н
1, 2,	DIRECTOR	University	HOSD11	car				3a11	timor	re Ci	Lty				
	\(\tilde{	10a. STATE	10b. COUNT	Y		10c, CIT	Y, TOWN OF							100	d. INSIDE CITY
permit, Pages		Maryland					E	Balt	timor	re Ci	ity			11	YES 2 NO
t perm	FUNERAL	10e. STREET AND NUMBER	۸					101	t. ZIP CODE						T COUNTRY?
020 physician. burial-transit	Ä	1521 Park	Avenue						212					JSA	
020 physician. burial-trar	5	11. MARITAL STATUS  VN Never Married 2	Merried	12. WAS DECEDED FORCES?	1 YES 2	ONE	11	yes, sp	ecity Cubs	ırı, Mexica	n, Puerto Ri	(Specify Yes can, etc.)	or No-	I4. RACE — Black, W	American Indian, hite, etc.
the p	B	3 Widowed 4 Divo		IF YES, GIVE	WAR OR DATES		1	YES	3 X X/NO	Specify	<i>y</i> :			Specify:	White
21215-0020 al or attending physic for use as the burial	유		EOENT'S EDU		16a	DECEDENT'S					16b. I	UND OF BUS	INESS/INDU	STRY	
	COMPLETED	Elementary/Secondary (0-		College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	unng mo	ost or worten	ng					
AND 2 the hospital detached to	MP	12 years				Unemp	loyee	d							
t once.	8	Mr. William		vnolde	C <sub>n</sub>							ddle, Maiden			
IARYL stained by should be stiffled at	BE	19a. INFORMANT'S NAME (7)		ynorus,	51.							Engl			
> = 10 = 1	2	Mr. William		vnolds.	sr.	196. MAILING 9529	Baue	(Street a	Venu	or Runal I	9oute Numbe 1+.∩	Md.	7, State, Zip ( 21236	ode)	
ay be		20a. METHOD OF DISPOSITI		,,	-	CE AND DATE				0 00	OATE		CATION C	the or Yourn	State
ALTIMORE, leath. Page 6 may be tuneral director, page xaminer must be	8	XIX Burial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		ovel from State	Bal	commetory or c	ther place)	ter	'v 1	2/1/	92		o. Ci		
FIR Page rai dir	95	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE (			22. N	AME A	ND ADDRES	SS OF FA	CILITY		0. 01	0, 11	<u>.</u>
		1 Lasse	ha Te	eneral	Home	_					al Ho	me lto.,	Mal	01000	
B after s after by the removal		23. PART I. Enter the di	seasea, or e	complications the	at caused the	death. Do	not enter t	the mo	ode of dyl	ing, suci	h aa cardi	ac or respi	ratory arre	21230 at,	Approximate
hound be in or n		shock, or he IMMEDIATE CAUSE (Fin	eart fallure.	List only one car	use on each	line.									Interval Between Onset and Death
in 24 ely fill nation		disease or condition resulting in death)	<b>→</b>	HIV	(A)/	AID									
68760, Beecuted within 24 hours after and completely filled in by the oburial, cremation, or remove matic event, the medical		rooming in doubly		DUE TO	OR AS A CO	NSEQUENCE O	F):		1.1						
	N	Sequentially list condition	one	· proce	OF AS A CON	respi	valer	7	Jull	Ne					
BOX 68 cate be execut thysician and c prior to burit or traumatic	CERTIFICATION	If any, leading to immed cause. Enter UNDERLYI	liate	DUETO	OR AS A CO	NSEQUENICE O	rF):	) /	/						
	FI C	CAUSE (Disease or injustrat initiated events		cDUE TO	OR AS A CON	NSEQUENCE O	<del>ெ</del>			_					
0 - 5 - 5	F	resulting in death) LAST		4											
	- 11	DART II ON THE III												_	
1 2 4 H	EDICAL	PART II. Other algolificat	nt condition	e contributing to	death but n	ot resulting	In the und	lerlyin	g cause g	given in	Part I.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS ARABLE PRIOR TO
Signed by Health and Health and Inwa any	ă										-	1 TYES	NO		MPLETION OF CAUSE DEATH?
W = - 01	Σ										_			1 [	YES 2 NO
Dept Dept	AN	25. WAS CASE REFERRED TO	MEDICAL					or Di	ACE OF D	EATH OL	eck only one.				
F 88 5	SICIAN:	EXAMINER?		HOSPITAL:	FR/Outpetler	4. 1 DO4	OTHER	:							
OF VI	PHY	27. MANNEN OF DEATH		28a. DATE O	FINJURY	26b. TIN	E OF	28c. INJ	JURY AT	PRIGENCE	8 Other	RIBE HOW II	JURY OCCL	RED	
N C M H H H M M M M M M M M M M M M M M M	ВУ Р		Pending nvestigation	(Month, E	Day, Year)	IN.	JURY M		ORK? YES 2	] NO					
0	0 8	3 Suicide 6 🗆	Could not be	28e, PLACE (	DF INJURY - A	it home, term,	street, facto	ry, offic	ia .			TION (Street a	nd Number o	r Runiil Routi	n Number,
SET	ETE	4 Homicide	determined		(0,200,7)					-	City of	Town, State)			
a Company		29e. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best o	f my knowledge	, death occur	ed at the tin	ne, deta	and place,	, and due	to the caus	e(e) and man	ner as state	i.	
FUNERA WITHIN A	COMPL	anal .													d manner ee stated.
THE HOSP THE FUNEI Sted within	E C	296. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICE	ENSE NUM	MBER		29d. DATE	SIGNEO (M)	onth, Day, Year)
의 다 다 의 제 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO B	-08 C	) SEC	1.									<b>&gt;</b> 1	1737	92
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		DFC 1992	mar)	Tall Care	VETA SOUND	No.									
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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	UR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be now that the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the second section of the second seco
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	FOR	STATE OF N	ARYLAND /	DEPAR	TMENT O	E HEAITH	AND ME	NTAL HYGIEN		
	1 - STATE REGISTRAR	OINIE VI II				OF DEAT		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) HENRY A. STREE	3						DATE OF DEATH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE		24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	213-05-4766	1 M 2 - F	85	YRS.			1	2-27-19		aryland
(m)	Sa. FACILITY NAME (If not institution, give s		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			MN OR LOCATIO			9c. COUNTY	OF DEATH
18	CHURCH & HOSPIT	TAL CORE	ORATIC	)N	BALT.	IMORE	CITY			
DIRECTOR	10a. STATE 10b. COUNT	Y			r, TOWN OR L					10d, INSIDE CITY
	MD			Ba.	ltimo					YES 2 NO
FUNERAL	36 South Curle	ov Stroc	\+			101. ZIP CODE 2122				OF WHAT COUNTRY?
1 2	11. MARITAL STATUS	12. WAS DECEDEN		RMED	13. WAS			ORIGIN? (Specify Yes		
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2X	ýo	If yes	, specify Cuben. YES 2 NO	, Mexican, P	uerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
) BY	3 🔀 Widowed 4 🗌 Divorced					21	55100		W	hite
E	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	ECEDENT'S Silve kind of w a. Do NOT us	USUAL OCCUI	PATION g most of working	,	16b. KIND OF BUS	INESS/INDUST	TRY
PP	Elementary/Secondary (0-12) Unknown	College (1-4 or 5 +	) =		t Met	al		Metal	Comp	any
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Edward Streb					Wil	er's NAME (	First, Middle, Maldon : na Hert	Surname) Z	
TO B	19a. INFORMANT'S NAME (Type/Print) Dorothy Matric	cciani	19	34 S	ADDRESS (Str	eet and Number of ley St	or Rural Route	Number, City or Town	d. 21	224
	20a_METHOD OF DISPOSITION 1	oval from State	20b. PLACE	AND DATE Of the control of the contr	of Disposition (her place)	N(Name of tery	11-3			or Town, State Md. 21224
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE Ediso	on M. I		ins². M	oran-A	S OF FACILITY	n Funer	al Ho	me, Inc.] to.,Md.2122
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that List only one cau	caused the de	eath. Do n	ot enter the	manda ad data				
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	Ca	o. nder	17	_		Arres		, Approximate Interval Between Onset and Death
NOI	disease or condition resulting in death)  Sequentially list conditions,	b		ouence of AS	e / T	_				Interval Between
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO	Car (OR AS A CONSE	e.  Alexander of AS  QUENCE OF	c / 7	_				Interval Between
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF THE CON	QUENCE OF  A S  QUENCE OF  QUENCE OF  QUENCE OF  28b. TIMIN  INJ  Dome, farm, s  eath occurre  Investigation	OTHER: 4   Nursing E OF 28c URY M 1 street, factory, n, in my opinic	Respect A  ( f	ATH (Check of Land due to the time wise NUMBER 126 de 126	Azzes  1   24a. WAS AN. PERFOR  1   YES 2  Only one)  Other (Specify)  d. DESCRIBE HOW IN  1. LOCATION (Street a City or Rown, State)  he cause(a) and man  a, data and place, and	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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Dall. Jon

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BALTIMORE, MARYLAND 21215-0020

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DIT CONTILL DR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within 29 mounts after death. Page 6 may be retained by the hosp	THE FLI OFFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted		MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARY	LAND / DEPARTME CERTIFICA	NT OF HEALTH		REG. NO.	•	00121
	1. DECEDENT'S NAME (First, Middle, Last' Sr. M. Jane Schmelz				E OF OEATH	5 9 <sup>ye</sup>	3. TIME OF OEATH
		E (In yrs. lest birthday) IF UN 97 YRS. MONTH	DER I YEAR IF UNDER I	MIN. (Mor	OF BIRTH	2	BIRTHPLACE (State or Foreign Country) Maryland
OB	Mercy Villa		ltimore, M				ltimore
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c. CITY, TOV	N OR LOCATION				10d. INSIDE CITY LIMITS?
	Maryland Baltimore	Ва	1timore				1 TES 2 X NO
BAI	6806 Bellona Avenue		101. ZIP CODE 2121	2		U.S.	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1. Never Merried 2 Married  3 Widowed 4 Divorced	S 2 XNO	13. WAS DECENDENT OF	, Mexican, Puerto			RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	life. Do NOT use retire	one during most of working ed.)	16	b. KIND OF BUS		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	Religio	us Sister	ER'S NAME (First		igion	
	Henry Schmelz		7.4	y Merle		Surremej	
TO BE	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING AOOF	NESS (Street and Number	or Rural Route Nu	mber, City or Town	n, State, Zip Cod	de)
۲	Sr. M. Brian, R.S.M.		lona Avenu				
	tX Buriel 2 Cremetion 3 Removal from State	cob. PLACE AND DATE OF Cool cemetary, crematory or other conditions.	etery	11/30/9		cation — chy Ltimore	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRES STERLING A 736 EDMOND	SHTON F			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. Poleages or injury.						Approximata Interval Between Onset and Daath
MEDICAL	PART II. Other algorificant conditions contributing to death CONGESTIVE NEW STAJIS CLENMAT		underlying cause g	iven in Part I.	24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DI	ATH (Check only	one)		
YSIC	1   YES 2   NO   1   Inpatient 2   ER/O		HER: Nursing Home 5 - Re	sidence 6 🗆 Ot	her (Specify)		
	27. MANNER OF OEATH  1 Netural 5 Pending (Month, Day, Year	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2		EȘCRIBE HOW I	NJURY OCCUR	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJU	IRY — At home, farm, street, pecify)	factory, office		OCATION (Street of ty or Town, State)		Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn						
TO BE C	296. SIGNATURE and JUILE OF CERTIFIER ACCESS HA	nemo	D	a630	71	29d. DATE S	IGNED (Month, Day Mer)
	301 St. Paul Pla	DEATH (ITEM 27) (Type Print	B#403	3 Ba	Hime	re 1	12021202
	DEC 0 2 1992	March 1				/	

FOR STATE REGISTRAR

1 -

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Julia M. Small 92 28 11 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-28-0740 1 M 2 F 60 YRS 11-11-1932 the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH / 9c. COUNTY OF DEATH DIRECTOR 611 W. Mosher Street Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore MD 1- YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21217 U.S.A. 611 N. Mosher Street nours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 50 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 TES 2 TNO Specify Specify: Black BY 3 ₩ Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker once. 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Christina Carter notified at Robert Robinson 19a. INFORMANT'S NAME (Type/Print) 2 Dawayne Small 9 20a. METHOD OF DISPOSITION

1 Deurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must □ Donation 5 □ Other (Specify) examiner . SIGNATURE OF FUNERAL SERVICE LICENSEE 23 NAME AND UNETA removal. medicai 23. BART I. Enter the decases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line. filled in by Approximate Interval Between 0 IMMEDIATE CAUSE (Final Onset and Death event, the cremation, disease or condition resulting in death) 1/2 45 Metastatic Breast Cancer this certificate has been signed by the attending physician and completely with the State Dept, of Health and Mental Hygiene prior to burial, crematis HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? 1 | YES 2 | 40 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inputient 2 | ER/Outputient 3 | DOA OTHER: 1 YES 2 NO me 5 Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation DIRECTOR; After the hours after death w 1 YES 2 NO BY Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 3 Suicide 6 Could not be COMPLETED 28 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. The RAL I 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(s) and manner as stated. within , 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, BE 29c. LICENSE NUMBER Pelu H.D abrams 11/30 92 25224 2 8 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) U. Hd. Cancer Cams

32. RECISTRAR'S SIGNATURE

31. DATE FILED (Month Day, Year)

DEC 0 2 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

92 33728

REG. NO.

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5 should be detached for use as the burial-transit permit. Pages 1, 2, 3

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9	e =:
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NOVEMBER 24, 1992 RONALD SMITH 6:30 A.M.m 4. SOCIAL SECURITY NUMBER 7. DATE OF BIFTH (Month, Day, Year Jan 24 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🕅 M 2 🗌 F YRS 214-50-5314 45 1947 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore TYPES 2 | NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 810 Lakewood Avenue 21205 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Nover Married 2 Married 1 YES 2 NO Specify. BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 11th Grade Sun Paper 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Jasper Jacobs Margaret Smith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 810 Lakewood Ave. Brenda Hamlette 21205 Baltimroe, MD 9 20a METHOD OF DISPOSITION
1 A Burlel 2 Cremetton 3 Removel from State
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must erplace) Star Western Baltimroe Maryland examiner 21. SIGNATURE OF FUNERAL SETVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc 2501 Gwynns Falls Parkway llrown Baltimoe, MD 21216 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximata Interval Between **IMMEDIATE CAUSE (Final Onset and Death** eath with the State Dept. of Heath and Mental Hygiens prior to burial, cremation, marked, or Item 23 shows any injury, or other traumatic event, the disease or condition Estyphical Carea Due to (or ASA CONSCOUENCE OF): resulting in death) months abure CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events alcohol abuse OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other aignificant conditione contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY / malin 1 TES 2 NO OF DEATH? 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Description 2 ER/Outpatient 3 DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27, MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation M BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) .00 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be FUNERAL DIRECTOR: / 4 Homicide determined 29a. CERTIFIER
(Check only one)

2 MEDICAL FXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. THE FUNERA Fred Hittin 7. 2 \_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) Thilly A. El O, MD, CLD 11/24/92 14687 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) JHH Tone 710

31. DATÉ FICED (Morith, Day, Year)

2. REGISTRAR'S SIGNATURE

Same is

REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)	
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	4. 4. 6.
		4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In  2 0 10 - 2381 1 □ M 2 1 F	yrs. rest or
phould		Se. FACILITY NAME (if not institution, give street and number)	
2,	TOR	JOHNS HOPKINS GENOTIC CONDE	
1, seg.	JEC	10a. STATE 10b. COUNTY	1
ž.	FUNERAL DIRECTOR	Maryland 10e. STREET AND NUMBER	
isit per	ERA	2601 Madison AVenue	
O Sician. Tal-trar	S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should val.	BY F	1 Never Married 2 Married IF YES, GIVE WAR OR DATE	2 NO
MARYLAND 21215. retained by the hospital or attend 5 should be detached for use as inotified at once.		15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEI
ortal or d for u	COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give ille, Do
ANC e hos erache	OM	10th Grade 17. FATHER'S NAME (First, Middle, Last)	
E, MARYLAN y be retained by the hox nage 5 should be detach be notified at once.	BE C	John J. Tennessee	
MAF etained shoul	0	190. INFORMANT'S NAME (Type/Print)	19b. N
Page S		Hilda B. Proctor  20a. METHOD OF DISPOSITION TO Burlet 2 Cremation 3 Removal from State canal	16
O B my rector.			ery, cremet but
ALTIMORI death. Page 6 may e funeral director, p u. examiner must		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	
BALTIMORE, 124 hours after death. Page 6 may be foun, or removal.		Herbert & hul	to
B nours after of in by the or removal		23. PART I. Enter the diseases, or complications that caused t shock, or heart failure. List only one cause on sec	
within 24 hor spletely filled cremation, or rem, the m		IMMEDIATE CAUSE (Final disease or condition	oh.
3760, fred within 2 completely fal, crematile sevent, the sevent,		resulting in death) a, DUE TO (OR AS A C	ONSEQU
D.O. BOX 687( 1 certificate be executed nding physician and corr Hygiene prior to burial, or other traumatic en	NO	Sequentially list conditions,	HEL
, P.O. BOX 68 leath certificate be exect attending physician and rital Hygiene prior to burny, or other traumatily,	CATI	If any, laading to immediate cause. Enter UNDERLYING	nio
O. E ertifical ing phy glene pother	TFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	ONSEQUE
, Fatte and A. Y.	CERTIFICATION	L. Possade	eme
RDS at the d by the and Mer		PART II. Other significant conditions contributing to death but	not resi
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w required out, of the	7.75	TB. Anemia PVD	LUC
N: The law leate has be State Dept.	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	
F VITA	PHYSICIAN:	1 VES 2 LATO 1 Inpetient 2 EN/Outpet  27. MANNERLOF DEATH 28s. DATE OF INJURY	lent 3 🗆
N OF WE PHYSI Ther this o marked,	ВУ РІ	5 Heburel 5 Pending (Murch, Day, Yes) 2 Accedent Investigation	12
SION ENDING RE After No dear		3 Suicide 8 Could not be 25e. PLACE OF INJUSTY — building, stc. (Specify determined	At home,
DIVISION OF VITAL R OR ATTENDING PHYSICIAN: The law re UPECTOR After this certificate has be- neurs after death with the State Dept. o Item 28 is marked, or item 23 sh	COMPLETED	200 CENTIFIED A4	W
PITAL O	MP	(Check only one)    CERTIFYING PHYSICIAN: To the best of my knowled one)     MEDICAL EXAMINER: On the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of the ba	
RIAM	) E CC	296. SEGNATURE AND TITLE OF CERTIFIER	
	O BE	uns be	-
1	17	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	Joh
		resecca tron MV	JUUL

2. DATE OF DEATH MONTH rthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreig Country) HOURS YRS. Virginia 96. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH Himore Oc. CITY, TOWN OR LOCATION Baltimore XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 21217 USA WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Black DENT'S USUAL OCCUPATION kind of work done during most of working to NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Maid Private Family 18. MOTNER'S NAME (First, Middle, Malden Surname) Alice Burman IAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 04 Gwynns Falls Parkway Balto, MD 21217 DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State us memorial park 12/3 Baltimore Co, MD 22. NAME AND ADDRESS OF FACILITY NUTTER FUNERAL HOMES 2501 Gwynns Falls Parkway Baltimore, MD 21216 . Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMALAIR.E PRIOR TO COMPLETION OF CAUSE OF DEATH? given in Part I. 24s. WAS AN AUTOPSY 1 YES 3 NO 26. PLACE OF DEATH (Check only one) OTHER se \$ [] Residence 6 [] Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO farm, street, fectory, office 28f. LOCATION (Street and Number or Rurel Route Number Olly or Town, State) occurred at the time, date end place, and due to the cause(s) end manner as stated. stigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner as stated, 29c. LICENSE NUMBER 29d. DATE SIGNED, (Month, Day. 11 192 BALTO

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF HERTIFICATE OF		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Les Eddie Sinc	pkins			2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE	5 9	3. TIME OF DEATH 2 930 A
pin	4. SOCIAL SECURITY NUMBER 213-52-443  9a. FACILITY NAME (If not Institution, give	5. SEX 6. AGE (In yrs. last	YRS. MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH 7 (Month, Day, Year)	19. N	HATTHPLACE (State or Foreign purity)  EW JEYSLY
. 2, 3 should			96. CITY, TOWN C	OR LOCATION OF DE	HTA	Ba. COUNTY	ltimore
permit. Pages 1, 2, 3	10a. STATE 10b. COUN	тү	10c. CITY, TOWN OR LOCAT				10d. INSIDE CITY JMITS?  1 YES 2 NO
15 E	100. STREET AND NUMBER	len Ed.		2/23	9	10g. CITIZEN	OF WHAT COUNTRY?
as the burlat-transit  D BY FUNER	III	12. WAS DECÉDENT EVER IN U.S. ARI FORCES? 1 TYES 2 PM IF YES, GIVE WAR OR DATES	fO If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
for use	Elementary/Secondary (0-12)	de completed) (G/	CEDENT'S USUAL OCCUPATION We kind of work done during mo Do NOT use retired.)		16b. KIND OF BUS	SINESS/INDUST	RY
2 % W	106/07U	Simpkins	113/401/11	A. MOTHER'S NA	ME, Earlene	Keni	nedi.
page 5 should be be notified at TO BE	Mrs, Wendy	Simplins 1	MAILING ADDRESS (Street a	en Ka	Paper Number City or Town		
¥ 99	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)		gratory or other place)  22. NAME AP	HO ADDRESS OF FA	A	CATION - City	or Then, side
od in by the funeral directo or removal. medical examiner mu	Joseph	. L. Russ	200	5Wir	orthan	e.Bp	1to m/2/21
smpletely filled in by the cremotion, or remove event, the medical	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO OR AS A CONSEC	)	de of dying, suc	n as cardiac or reapi	ratory arrest,	Approximate Interval Between Onset and Death
cian and co or to buria aumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQ	ALCUPACE OF):	a of t	he jej	unu	m
0.2 5	resulting in death) LAST  PART II. Other significant condition	ons contributing to death but not re	equiting in the underlying	n cause abus la	Part i. 24s. WAS AN	augungay I	
of Health an thows any				y cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
State Dept. State Dept. SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL	ACE OF DEATH (Ch		(agnica	
fer this certific eath with the S marked, or I BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/Outpatient 3  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ	RK?	8 Ty Other (Specify) 28d, DESCRIBE HOW II	OSPICE	D
DIRECTOR: After thours after death litem 28 is mar	1 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26a, PLACE OF INJURY At hor		7ES 2 NO	281, LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
UNERAL DIRECTOR: Thin 72 hours after NNT: If Item 28 Is COMPLETED		SICIAN: To the best of my knowledge, dea					ree(e) and menner ee stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFI	a & Clera	1210	29c. LICENSE NUM D 270		29d. DATE \$1G	SNED (Morth, Dey, Year)
	Carla S. Alexande	the completed cause of death (ITEM er, M.D Stella	Maris Hospi	ce-Dulan	ey Valley	RdTo	wson 21204
	DEC 1992	A STATE OF THE PARTY AND ADDRESS OF THE PARTY					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE MOCDITAL DR ATTENDING DAVICIAN: The law remainer that the death confidents he assessed within 2.
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	DECEDENT'S NAME (First, Middle, Last HIRAM		SPRUILL				E OF DEATH DAY	3. TIME OF DEATH 1:11P		
	4. SOCIAL SECURITY NUMBER 215 18 5036	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE	E OF BIRTH th, Day, Year) -1-1919	Countr	PLACE (State or Foreign	
ECTOR	9a. FACILITY NAME (If not institution, give Sinai Hospit RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEAT Baltimore			9c. COUNTY OF DEATH NA			
DIREC	10a. STATE 10b. COUNTY Maryland na			10c. CITY, TOWN OR LOCATION Baltimore				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	3009 Virginia	Avenue			Of. ZIP CODE	2121		ITIZEN OF V	HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	O If yes, specify Cuban, Mexican, Put 1 YES 2 NO Specify:			Puerto Ricen, etc.) Black, 1		- American indian, White, etc. y: Black	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	College (1-4 or 5 +)  (Give kind of work done life. Do NOT use retired.)			one during most of working		BUSINESS/INOUSTRY		
_	12 17. FATHER'S NAME (First, Middle, Last)					Army Chem Center, Edgewood s NAME (First, Middle, Maiden Surname)				
10 02	Jerrett Spruill  190. INFORMANT'S NAME (Type/Print)  Jerrett Spruill	, SI					nber, City or Town, State, Baltimore,		215	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or other place)  20c. LOCATION — City or Town, State									
	22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655 W. Baltimore St, Balto, MD 21201									
									Approximate Interval Between Onset and Deat	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the und  DIABETES  HYPERTENSION				ng cause given in	Part I.	24s. WAS AN AUTOPS PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:	etlent 2 □ 004	OTHER:	LACE OF DEATH (C					
ВУ РНУ	27. MANNER OF DEATH  Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT ORK? YES 2 NO	_	H (Specify) SCRIBE HOW INJURY O	CCURED		
ETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	street, factory, offic	actory, office 26f. LOCATION (Street and City or Town, State)		ATION (Street and Numb or Town, State)	d Number or Rural Route Number,			
COMPLE	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner se attacted.  3 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and maintain and/or investigation.								and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Plust	M.	29c, LICENSE NU		JMBER 29d. DATE			SIGNEO (Month, Day, Year)	
	DR PENELOPE SCOTT Church Hospital, 100 N. Broadway, Balto.MD 21231  31. Date Elled (Month, Day, 1867)  DEC 2 - 1992  32. REGISTRAR'S SIGNATURE									

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BALTIMORE, MARYLAND 21216-002	after death. Page 6 may be retained by the hospital or and and page.	men in by the funeral director, page 5 should be detached for use the bear in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 6876	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wh.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mount in by the funeral director, page 5 should be detached for use the filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	01	CERTIF	ICATE OI	DEATH		EG. NO.				
									3. TIME OF DEATH		
- 3	-SHARR Brobe	A Brian	an Robert Proctor, Jr.				DAY	Q2	1210 Am		
	4. SOCIAL SECURITY NUMBER 5, SE		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRB.	7 DATE OF S	7. DATE OF BIRTH		IPLACE (State or Foreign		
	1		hour YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	y, Year)	Countr	y) ~		
	9a. FACILITY NAME (If not institution, give street an		11001		30	11/10		MARYLAND			
LOH		600 N. WOL	FE	_	IMORE	DEATH		SALTI			
EG											
E	Maryland Prince	Georges	100	inton					10d. INSIDE CITY LIMITS?		
7	10s. STREET AND NUMBER	dediges			Of, ZIP CODE			1 YES 2 NO			
FUNERAL DIRECTOR	9701 Temple Hills				10g. (	U.S.A	WHAT COUNTRY?				
5		AS DECEDENT EVER IN	ENT EVER IN U.S. ARMED 1 YES 2 THO		CENDENT OF HISP	ANIC ORIGIN? (S	pecify Yes or No-	E — American Indian, k, White, etc.			
B≺	1 Never Married 2 Married IF 3 Widowed 4 Divorced	YES, GIVE WAR OR DA	I DATES 1 YES 2 TKNO Special						black		
	15, DECEDENT'S EDUCATION (Specify only highest grade comple	the state of	16a. DECEDENT'S	USUAL OCCUPAT	TON	16b. KJN	D OF BUSINESS	INDUSTRY			
듧		ege (1-4 or 5+)	life. Do NOT us	work done during ri se retired.)	nost of working						
릴						l l					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middl	e, Maiden Sumam	ame)			
O	Brian Proctor				Angel		ilver	-,			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Strang	and Number or Rura			Zin Codel			
2	Angela Silver		9701		ple Hil		ary or lown, Stelle,	2.ip (0008)			
	20s. METHOD OF DISPOSITION	201									
	1 Buriel 2 Cremation 3 Removal fn 4 Donation 52 Other (Specify)	om State cem	tob. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)			OATE	20c. LOCATION — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME	ANO ADDRESS OF I	FACILITY					
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
	shock, or heart failure. List only one cause on each line.										
- 1	IMMEDIATE CAUSE (Final disease or condition										
	resulting in death) - a. MUITIPLE CONCENTRAL OULDWALLES										
_				r).					Kihr.		
CERTIFICATION	Sequentially list conditions,										
A	If any, leading to immediate cause. Enter UNDERLYING			. /-					i		
읪	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	P):							
E	resulting in death) LAST			•					1		
8	d								+		
4	PART II. Other significant conditions con	tributing to death b	ut not resulting	in the underlyi	ng cause given i	n Part i. 24s	. WAS AN AUTOP:	SY 24b	WERE AUTOPSY FINDINGS		
DICAL						1.5	YES 2   NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							1.23 2 1 10	- 1	OF DEATH?		
PHYSICIAN: MEI						_			1 L 123 2 50 NO		
M	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	Chank and anal					
2	EXAMINER? HOS	SPITAL:	MATERIAL PROPERTY.	OTHER:							
۲ إ		Inpatient 2 - ER/Outp			me 5 - Residence	7					
	1 Natural 5 Pending	(Month, Day, Year)	26b. TiM	IURY W	JURY AT ORK?	28d. DEŞCRII	BE HOW INJURY	OCCURED			
BY	2 Accident investigation				YES 2 NO						
								nber or Rural F	Route Number,		
E	4 Homicide detarmined										
7	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: 1	To the best of my knowl	edge, death occum	ed at the time, da	te end place, and du	re to the cause(s	) and menner as	stated.			
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, desth occurred at the time, date end place, and due to the cause(s) and menner as stated.  MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
	29b, SIGNATURE AND TITLE OF CERTIFIER	^							12.500		
B	Oxer Do W	DO. IN	)		29c. LICENSE NO	JMDEH	29d. 0	MIE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COM	XVW PIL	/ NTM 07724 0= =	0.0				61/11/	92		
	MARLENE R. MILL		TOHUS		us Hosp.	600 A	J. WYJ	PEST			
i	NOV 13 1992	REGISTRAR'S SIGN	TURE	*							
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TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT	TO BE CO
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND			HEALTH AND	MENTAL HYGIE!	IE .	2 3	3734	
	1	DECEDENT'S NAME (First, Middle, Last)     SOCIAL SECURITY NUMBER	JAMES S. SPIGELMIRE				2. DATE OF DEATH DAY YEAR 3. TIME OF 1			TIME OF DEATH 3:15 M	
DIRECTOR	ij	2/3-09-3319 9a. FACILITY NAME (If not Institution, give	1 × M 2 □ F 8/	YRS.	MONTHS DAY	'S HOURS MIN.	7. DATE OF BIRTH (Morrit), Day, Year)		VALLY	MISSOURI PARK	
	5	Stella Maris Hos				N OR LOCATION OF DE POWSON	EATH	9c. COUNT	Balt	imore	
2010	SING C	10e. STATE 10b. COUNT	altimore	10c. CIT	Y, TOWN OR LO					LIMITS7	
	_	10e. STREET AND NUMBER	01		1.611	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FINEDAL	i i	11. MARITAL STATUS	DPPA KO 12. WAS DECEDENT EVER IN U.S. AI	RMED	13. WAS	21128 DECENDENT OF HISPAN	HC ORIGIN? (Specify V		JSA ABME-	American Indian.	
2		1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2   IF YES, GIVE VAR OR DATES		If you	, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)		Black, Wi Specify: WHI	TE	
Once.	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  12 2 1 Selfemployed  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Resta										
10 P	ı	Charles E. Spicklmikk Mary K. Sheeker							Key		
TO B		19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Family Records									
on the		20s. METHOD OF DISPOSITION  1 Buriel 2 **Cremation 3 Removel from State Cognetory, crematory or principles of Cognetory or principles									
niner n		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY									
		EVANS Chapetos membres 8800 Harford Rd Baito, Md. 21234									
other traumatic event, the medical		shock, or heart fellure. List only one ceuse on each line.								Approximata interval Between Onset and Death	
ATION		Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING									
or other traumatic		CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d.									
shows any injury, MEDICAL CF		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PROPRIED?  1 VES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
AN: ME		1 YES 2 0 8								7.6.17.22.2	
E 2		25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1   Ingestion 2   ER/Outpetters 3   DOA 4   Medico Many 6   Residence 6									
marked, or BY PHYS		27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF VORTER AT WORK?  M 1 YES 2 NO									
28 is		3 Suicide 6 Could not be 28e. PLACE DF INJURY — At home, farm, street, fectory, office 28f. LOCA					281. LOCATION (Street City or Town, State	OCATION (Street and Number or Rural Route Number, ity or Yown, State)			
MPI E	1 1		SICIAN: To the best of my knowledge, de		d at the time,	late and place, and due	to the cause(s) and ma	nner as stated			

D 27087

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carla S. Alexander, M.D. - Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

ECO2 1992

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Julie Devidson-Randelle

29d. DATE SIGNED (Month, Day,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR STENDING DAYSICIAN. The law consises that the death restificate he exercted within 24 hours
CN	ENDING P
	DR STT

The SEP PLOR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FLOW IN INC. IN INC. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is merked, or litem 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DE	AIH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Charles M Sweeney SR.	2. DATE OF DEATH AND GLOVE GLOVE STATE OF DEATH MANNER OF DEAT							
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday) UNDER 1 YEAR IF UNDER 1 YEAR HOUNTHS DAYS HOUNTHS DAYS HOUNTHS DAYS	ANDER 24 HRS. 7. DATE OF BIRTH (Month, Dey, Year)  A. BIRTHPLACE (State or Foreign Country)  A. A. Country)							
TOR	90. FACILITY NAME IT NO INSTITUTE OF BESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY 10c. ONTY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?							
FUNERAL		CODE 10g. CITIZEN OF WHAT COUNTRY?							
	I I Martin married 5 M married	NT OF HISPANIC ORIGIN? (Specify Yea or No—  14. RACE — American Indian, Black, White, ptc.							
D BY	m 3 Widowed 4 Divorced	NO Specify:							
COMPLETED	(Specify only highest grade completed)  [Give kind of work done during most of willing to be completed.]  [Give kind of work done during most of willing by NOT upe retired.]	vorking							
ш	w PUUI SUPENCE	MOTHER'S NAME (First, Middle, Maiding Surmania)							
TO B	P CATHERINE Sweency 2900.1ALAU	enter or Aural Power Maryber City or Pown, State Zip Gode)  ETE, BATO, MD 21217							
	20a. METHOD OF DISPOSITION  1 A Burial 2 Cremation 3 Removal from Stata  4 Donation 8 Other (Specify)	PAFE 20C. LOCATION — City or Town State							
	21. BIGHATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND AD  ROLL C	ORESS OF FACILITY WORAL SERVICE 1721 N. Man Roe ST							
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of shock, or heart feilure. List only one cause on each line.	dying, auch as cardiac or respiratory errest, Approximate							
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	TG NOVBSCULAR Accident Onset and Death							
_	DUE TO (OR AS A CONSEQUENCE OF):								
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that Initiated events resulting in death) LAST								
		Se given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
EDICAL		96 given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PHYSICIAN: ME		1   YES 2   NO							
CIA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE C	OF DEATH (Check only one)							
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5	Residence 6 Other (Specify)							
ВУ РН									
	3 Suicide 8 Could not be building, etc. (Specify)	26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end property one)  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death of								
#	29c. SIGNATURE AND TITLE OF CERTIFIER	D(7) 48 29d. DATE SIGNED (Month, Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	+							
	DEC 2 1992 January Day door Day door								

BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DATE FILED (Month, Day, Year)

92 33736 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 . CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH NOVEMBER 26,1992 WANDA SIMS 3:30A 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1/25.40 1 M 2 F YRS. 217-40-2199 N.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? XX YES 2 NO Baltimore Md 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 21231 1819 E. Pratt 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cubun, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced American Ind. COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 9th Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Susie Locklear BE Jessie B. Revels 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zio Code) 2 1017 Rosedale Ave. Balto., Md.21237 Jessie Revels Jr. ě DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Must Oaklawn Cem. 11/30 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY David J. Weber F.H. 401 S. Chester St medical 23. PART I. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) 15 hour item 28 is marked, or item 23 shows any injury, or other traumatic event, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate gastric DUE TO 100 A ... cause, Enter UNDERLYING CAUSE (Disease or Injury TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS **AMAILABLE PRIOR TO** COMPLETION OF CAUSE 1 TES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO npetient 2 ER/Outpatient 3 DOA e 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 26b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined BE COMPLETED 4 🔲 Homicide 29a. CERTIFIER
//Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 97

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32 REGISTRAR'S SIGNATURE

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Johns Hopkins

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

31. DATE FILED (MOOTH), 201, 1992

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH	AND MENTAL HYGIE	
1	1. DECEDENT'S NAME (First, Middle, Last)	Almeta	Ti	llary	2. DATE OF DEATH MONTH 11-29	DAY YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217 – 68 – 0550	1 🗆 M 2XXF 4	4 YRS.	NTHS DAYS HOURS	7. DATE OF BIRTH (\$40gth, Day, Year)	92 8. BIRTHPLACE (State or Foreign MD
TOR	9a. FACILITY NAME (If not Institution, give Baltimore Cou RESIDENCE OF DECEDENT			Randalls		9c. COUNTY OF DEATH
DIRECTOR	MD 10a. STATE		10c. CITY, T	timore		10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO
FUNERAL	11419 Reisters			101. ZIP CO0		10g. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR DO	2 X NO	13. WAS DECENDENT If yes, specify Cube 1 YES 2 NO	OF HISPANIC ORIGIN? (Specify on, Mexican, Puerto Rican, etc.)  Specify:	14. RACE — American Indian, Black, White, etc.  Specify: Black
COMPLETED	15. DECEDENT'S EDI (Specily only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of world	16b. KIND OF E	BUSINESS/INDUSTRY
ш	17. FATHER'S NAME (First, Middle, Lest) Harry Tillary			Le	THER'S NAME (First, Middle, Meid etha Waller	
TO B	190. INFORMANT'S NAME (Type/Print) Diana Donette	1	19b. MAILING AD 1143	oress (Street and Number 8 Suite B	or or Rural Route Number, City or 1	own, State, Zip Code(MD 21117 Dr./Owings, Mil
	20a. METHOD OF DISPOSITION  1 V Burtal 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from State cen	. PLACE AND DATE OF Detery, crematory or other	ISPOSITION (Name of	DATE 20c.	LOCATION — City or Town, State  nsdowne, MD
	23. PART i. Enter the diseases, or shook, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	How	of the death. Do not set line.	WM C, M	ARCH F,H/11	01 E. NORTH AVE
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	- Preu	CONSEQUENCE OF	walio	lism ert Dis	2 w 42 y ease 25 y
MEDICAL	PART II. Other aignificant condition  Seve	ns contributing to death b	that not resulting in the	e tarda		AN AUTOPSY ORMED?  2 NO 2 NO 24b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp		THER:	DEATH (Check only one)	
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJURY AT	28d. DESCRIBE HOV	Y INJURY OCCURED
	to contract and a		- At home, ferm, stre-	et, factory, office		et and Number or Rural Route Number,
B		28e. PLACE OF INJURY building, etc. (Spec	olfy)		City or Town, Stu	(to)
	2 Accident 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	SICIAN: To the best of my	edge, death occurred a	t the time, data and place	s, and due to the cause(s) and n	

		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
	N.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
		EDITH TAYLOR  4. SOCIAL SECURITY NUMBER					// 2	4 199	2 11:05 PM	
pino	9	226-36-3058  Se. FACILITY NAME (If not institution, give str	1 - M 2 12 F	In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vear) 5/18/26	j	BIRTHPLACE (State or Foreign Country)  N. Va.	
1, 2, 3 should	CTOR	CHURCH HOSPITAL RESIDENCE OF DECEDENT	,	ON		MORE CI		9c. COUNTY	OF DEATH	
permit. Pages 1,	DIRE	Md.			altimo				10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
sit per	FUNERAL	100. STREET AND NUMBER 520 S. Ann S	tract		101	ZIP CODE			OF WHAT COUNTRY?	
o sician. al-tran	3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	21231 ENDENT OF HISPA	NIC ORIGIN? (Specify Ye		RACE — American Indian, Black, White, etc.	
21215-0020  If or attending physician.  For use as the burial-transit	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecity Cuban, Mexico 2XXVO Specif	nn, Puerto Rican, etc.) ly:		Black, White, etc. Specify: White	
or atter	ETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during mo	ON ist of working	16b. KIND OF BU	SINESS/INDUST	TRY	
W 2 6	PLE	Elementary/Secondary (0-12)  6 Yrs.	College (1-4 or 5 +)	Housew						
YLAND 2 by the hospital be detached for at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maider	Sumame)		
	BE	Frank Pritt  190, INFORMANT'S NAME (Type/Print)					e Louck			
MAR retained 5 should notified	2	Roy Taylor					O., Md. 2		de)	
RE, may be c. page		20a. METHOD OF DISPOSITION  K□XBurlal 2 □ Cremation 3 □ Ramo	20b.	PLACE AND DATE O	F DISPOSITION /Na	ome of		DCATION — City	or Town, State	
MOR age 6 ma director, p		4 Donation 5 Other (Specify)	10a	etery, crematory or ot K Lawn			12/3/92	Balto.	, Mid	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  21231  Lilly & Zeiler Inc. 1901 Eastern Ave								
10 SE		23. PART i. Enter the diseases, or co shock, or heart feilure. L	iet only one course on as	nob Hen	ot enter the mo	de of dying, suc	ch as cardiac or resp	oiratory arrest	, Approximata	
the time		iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	ocardia	l Infa	ction			Interval Between Onset and Death	
P 8 8 - 8	_		OPD OR AS A	CONSEQUENCE OF	leso fic	Hearl	- Dise	ese /	CHE	
BOX 68 sate be execut hysician and c prior to buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	): - · /)			-/		
O. BOX ertificate be ing physician reliene prior t	FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		consequence of	achine					
9 + 8 + P	ERT	resulting in desth) LAST								
O = 음호 콜	AL CI	PART II. Other significant conditions	contributing to death be	ut not resulting in	the underlying	g cause given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
ORE s that the need by lith and any Ir	SC						PERFO	District Control	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
RECOF requires that been signed 1. of Health a shows any	MEC								OF DEATH?	
AL RE e law reque has been Dept. of a 23 sho	AN:	25. WAS CASE REFERRED TO MEDICAL	**							
一年 報報 馬	PHYSICIAN: MEDIC	EXAMINER?	HOSBITAL:	etlant 2 7 DOA	OTHER:	ACE OF DEATH (C)				
PHYSICIAN: this certifical with the St inked, or It	H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	6 ☐ Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	ED	
	BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	PRK? YES 2 NO				
TISIC TTENOI TTOR: A after d		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, stc. (Speci	— At home, farm, si	reet, factory, office	•	28f. LOCATION (Street City or Town, State	and Number or F	Bural Route Number,	
DIV FINERAL DIREC within 72 hours	COMPLETE		IAN: To the best of my knowlers. On the bests of examination						ouse(s) and manner as stated.	
TO THE FUNERAL TO THE FUNERAL De filed within 72 IMPORTANT: II	BE C	296, SIGNATURE AND TITLE OF GENTIFIER				29c. LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)	
<b>№</b> 8 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	TO B		10 Tha		18-	2	26594	▶ 11/.	29/92	
		30. NAME AND ADDRESS OF PERSON WHO RIAZ BOKHARI, I				REET I	BALTIMORE	,MD 2	1231	
		DEC 2 1992	BEGISTRAR'S SIGN/	ATURE						

900 . 2.

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TAL ORATTEMENT PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	hould be detached for use as the burial-transit permit. Pages 1, 2, 3 should		the morted or them 23 shows any injury or other trainmostic against the modified averaged as assistant at another
	5 sho		Billian
-	r, page		and has
	directo		- A
	tificate has been signed by the attending physician and completely filled in by the funeral di	The second second with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ramin
	y the	TOVA!	o les
	d in b	Of ren	madi
	by fille	ation,	the
	этрlet	I, crem	SUBB
	and co	o buria	patie
	sician	prior 10	trans.
	ing phi	giene.	other
	aftend	H len	10 M
	by the	and Me	v Inius
	paudis	leafth a	Me 201
	peen s	f. of F	ehor
	te has	te Dep	5 m
	ertifical	the Sta	or its
	this cr	with	pead
	TOR After this certiff	death.	ie ma
	<b>MCTOR</b>	相等	28
P	CORPO	Ê	Y

	1 - STATE REGISTRAR	STATE OF MARYL		ARTMENT OF			IYGIENE REG. NO.	2 33/39
	1. DECEDENT'S NAME (First, Middle, Last)	V		11	: 1	2. DATE OF	DEATH	3. TIME OF DEATN
	Miciam			Va	ida.	MONTH	20 - 9	2 6:05 QM
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthda		IF UNDER 24 HRS.	7. DATE OF I	BIRTH	8. BIRTHPLACE (State or Foreign Country)
	216-01-9908	1 D M 2 P F 74	YRS	MONTHS DAYS	HOURS MIN.		-1918	Mt. Carmel. Pa
	9a. FACILITY NAME (If not institution, give s	treet and number)	1	96. CITY, TOWN	OR LOCATION OF D			NTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	Nosp. ta			pard to	wn	57	· marys
2	10a. STATE 10b. COUNTY		10c, C	CITY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
٩	Maryland St.	Marys		Charlot				1 TYES & NO
FUNERAL		4.1		10	of. ZIP CODE			IZEN OF WHAT COUNTRY?
밀	Charlotte Hall Vet				20622		US	SA
5	11, MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? Y = YES	2 NO		CENDENT OF NISPA pecify Cuban, Mexic			14. RACE — American Indian, Black, White, etc.
BY	3√√ Widowed 4 □ Divorced	IF YES, GIVE WAR OR DA	ATES		S 2 NO Speci	fy:		Specify:
	15, DECEDENT'S EDUC		11-Navy	"S USUAL OCCUPAT	ION	405 KIN	ID OF BUSINESS/IN	White
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	of work done during m	ost of working	100. 100	ID OF BUSINESS/INI	DUSTRY
7	12 years	Conege (1-4 or 5+)	Secre	tarv		Joh	nns Honki	ns University
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA		le, Maiden Surname)	ine onitvorozoy
O I	John Kantter				Floren			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street			City or Town, State, Zij	Codel
2	Jeffrey Vaida		4					ld. 21202
	20a. METHOD OF DISPOSITION	206.		EOF DISPOSITION (A			20c. LOCATION —	
	XiX Burial 2 Cremation 3 Remo	oval from State cem	etery, cremetory o	Cemeter	v 13		Baltimor	
	21. SIGNATURE OF FUNERAL SERVICE LIC		GI KWOOG		ND ADDRESS OF FA			C. Hu.
	Jasseln . 7	ceneral H	ans 5					M- 01000
	23. PART I. Enter the disesses, or c							Md. 21236
	shock, or heart fellure. I	List only one cause on ee	ch line.	pes.			Parla	Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A		OF): / (4	F			
CC	PART II. Other significant condition	a contributing to death by	ut not reaultin	a in the underlyin	na ceuse aiven in	Part 1 24e	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
		10 Hard - Charles			g code grown		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA	mietr	4 121	5-11	- 6-		10	YES 2 .NO	OF DEATH?
Σ		Nd P1.	1101	e/-/	inal	-		1 Nes 2 No
AN	25. WAS CASE REFERRED TO MEDICAL	Na Pil						
2	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)			
<b>₹</b>	27. MANNER OF DEATH	1  Inpatient 2 □ ER/Outpu 28a, DATE OF INJURY			ne 5 Residence			
	1 Natural 5 Pending	(Month, Day, Year)		NJURY W	ORK?	28d. DESCRI	BE NOW INJURY OC	CURED
BY	2 Accident Investigation	26s. PLACE OF INJURY	— At home feet		YES 2 NO	***********		
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Speci	f(y)	, street, rectory, one			M (Street and Number wn, State)	r or Rurel Route Number,
COMPLETED		CIAN: To the best of my knowledge: On the basis of examination						ted, ne cause(s) and manner as stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			E SIGNED (Month, Day, Year)
	KM	CER			00	206	1 .	
2	30. NAME AND ADDRESS OF PERSON WHO		TH (ITEM 27) (7)	pe, Print)	1/256	200		11201511
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA	TURE			<u> </u>		
	DEC 2 1992 a	in Davidson-Mon	inese.					

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR		CI	ERTIFIC	CATE OF	HEALTH AN		REG. NO.			3740
	1. DECEDENT'S NAME (First, Middle, Last)  RONNIE		MEN	THERI	FRV			PATE OF DEATH	<b>1</b> 9 9 3	VEAD	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	L. SEX 6. AG	GE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 H	- 70	ATE OF BIRTH			2:31 A
	217-66-3076	1 ☑ M 2 ☐ F	35		ONTHS DAYS		IIN. (A	Month, Day, Year)	Ι.	Country)	NCE (State or Foreign
	Sa. FACILITY NAME (If not institution, give :				ab. CITY, TOWN	OR LOCATION O		3/08/57	9c. COUNT	A STATE OF	land
DIRECTOR	S.T.U. (Shock	Trauma Unit	)			MORE C			<b>PL. 000</b>	T OF Bun.	
E I	10a. STATE 10b. COUNT	N		10c. CITY,	TOWN OR LOC	ATION				10	d. INSIDE CITY
	Md.			Bal	timore					1,	YES 2 HO
FUNERAL	10e. STREET AND NUMBER				1	01. ZIP CODE			10g. CITIZE		T COUNTRY?
N	2003 S. Ashton	St.	TA SILING			21223				USA	
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	ES 2		if yes, s	ECENDENT OF HIS specify Cuben, Me ES 2 XNO S	lexican, Pue	RIGIN? (Specify Yes erto Rican, etc.)	or No-	Bleck, W Specify:	American Indian, hite, etc.
ED	15. DECEDENT'S EDU	UCATION	18e. Df	FCEDENT'S U	SUAL OCCUPAT	TION .		16b. KIND OF BUS	CONTRACTION OF THE PARTY OF THE	n Transaction of the Control of the	white
面川	(Specify only highest grade Elementary/Secondary (0-12)	le completed)  College (1-4 or 5+)	(G	Give kind of wor.  Do NOT use r	rk done durina n	nost of working		16b. KIND OF BUS	SINESS/INDUS	STHY	
교	8	Comple (I'- or 5.7)		Unem	ployed						
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER"	S NAME (FI	irst, Middle, Maiden	Sumame)		
BE	Charles R. Wea	therley				Dici	e Mid	idleton			
2	19a. INFORMANT'S NAME (Type/Print)							Number, City or Town	n, State, Zip C	ode)	
	Gail L. Weatherl					on St.,					- 4
	20e METHOD OF DISPOSITION  1 Densition 5 Other (Specify)	noval from State	20b. PLACE A cometery, car LOUG	and date of one on Par	DISPOSITION (I	vame of Stery	12	2/	cation — ch ltimo:		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE,  22. NAME AND ADDRESS OF FACILITY  Gary L. Kaufman Funeral Homes  5695 Main St., Elkridge, Md. 21227										
RTIFICATION	disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
E E		d									
AN: MEDICAL	PART II. Other significent condition	ns contributing to death	) but not r	esuiting in	the underlyi	ng ceuse giver	n in Part	i. 24s. WAS AN PERFOR	RMED?	CO	RE AUTOPSY FINDING UILABLE PRIOR TO MPLETION OF CAUSE OEATH?  YES 2 \( \text{NO} \) NO
O	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I	PLACE OF DEATH	I (Check on	ly one)			
HYSI	YES 2 NO	1 Inpatient 2 X ER/O	_	3 DOA 4	☐ Nursing Ho	me 5 🗆 Resider	nce 6 🗆 (	Other (Specify)			
H	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJUR (Month, Day, Year		26b. TIME (		JURY AT	28d.	DESCRIBE HOW II	NJURY OCCU	RED	
à	2 Accident Investigation	1/28/92		11:40	71	YES 2 NO	- 00		WAS S		
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S)			HE STI		30	City or Town, State)	YSON		
ן ב	294. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know									
-		IER: 90 the beste of examinat									d manner as stated
	The standards are the concentration	n/ /	11 /	1		29c. LICENSE	NUMBER		29d. DATE S	SIGNED (Mo	nth, Day, Year)
ပ္က	29h RIGHARUSE AND TITLE OF CERTIFIE							,	1		
O BE COMPLI	( aim	vile	M	)		000	ME			11/	29/92
ပ္ပ	30. NAME AND ADDRESS OF PERSON WH	HO COMPLETED CAUSE OF					M.E. alti	more,	Mary		29/92 21201

122 157 1

DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR ATTENDING PHYSICIAN: The

	3 should		
	ages 1, 2,		
	permit. P		
ysician.	rial-transit		
anding phy	as the bu		
oital or ath	d for use		
y the hosp	e detache		rt once.
retained b	5 should b		offfied a
6 may be	tor, page		ust be r
ath. Page	neral direc		ıminer n
s after dea	by the fu	removal.	dicai exa
in nour	shy filled in	ation, or	, the me
cuted with	d complete	urial, crem	ilc event
ate be exe	ysician an	prior to b	r trauma
th certifica	tending ph	Il Hygiene	or other
at the dea	by the at	and Ments	y injury,
requires th	en signed	of Health	shows an
I: The law	cate has b	State Dept.	item 23
PHYSICIAN	this certific	with the S	ked, or
ENDING F	DR: After I	the death	8 is mar
ITML CHATTENDING PHYSICIAN: The law requires that the death certificate be executed within the form after death. Page 6 may be retained by the hospital or attending physician.	THAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	2 hours a	I'll lies 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
분	2	-	40

BALTIMORE, MARYLAND 21203-3146

FOR STATE	STATE OF MARY				MENTAL	HYGIENE	92	33741
REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.		
1. OECEOENT'S NAME (First, Middle, Las	1 0 1				2. DATE O MONTH	F DEATH DAY	YEAR	3. TIME OF DEATH
11146	White			-	11	26 9	L	00:3014 M
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	F UNDER 1 YEAR		7. DATE Of	F BIRTH Day, Year)	8. BIRTH Count	HPLACE (State or Foreign try)
241429691	1 □ M 2 🔀 🗜	YRS.			416	3/		C
Sa. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF O	DEATH	9c. C0	DUNTY OF C	EATH
Bon Secours H		_	Balt:	imore		100		
RESIDENCE OF DECEDENT  10a. STATE 10b. COUN		10c. CITY	TOWN OR LOC	ATION				40-4 INSIDE CITY
MD	***							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		Ват	timore					1X YES 2 NO
			,	IOT. ZIP CODE				WHAT COUNTRY?
1016 Braddish				21216			J.S.A	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES			ECENDENT OF HISPA specify Cuban, Maxic			- 14. RACI Blac	E American Indian, ik, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 🗆 YE	ES 2 NO Specif	tty:	200 2110	Spec	Black
15. OECEDENT'S EI	DUCATION	16a. OECEDENT'S U	I OCCUPAT	TION ALL	1 405.1	KIND OF BUSINESS/	- PALICATION	
(Specify only highest gra	rde completed)	(Give kind of wo	ork done during n retired.)	nost of working	106. 1	KIND OF BUSINESS!	MUUSIAT	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem						A NOT
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mi	iddle, Maiden Sumame	n)	
John Henry Ne	wkirk			Annie	Pear	sall		200
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	e and Number or Rural			Zip Code)	
Shawn White		1016	Bradd:	ish Aver	nue,	Balto.,	MD	21216
20a. METHOD OF DISPOSITION	2	tob. PLACE OF DISPOSI	ITION (Name of c	semetery, crematory or		20c. LOCATION	— City or To	own, State
1 St Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	Imovai from State	King Mem	. Parl	k Cem.		Balto	. Co	, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME	AND ADDRESS OF F				
De numb	£ 1.	1100)		eph L. H				
Jacopin	O. Muss	(out)						MD 21216
23. PANT / Enter the discesses, or shock, or heart feilur	or complications that cause. List only one cause on		ot enter the m	node of dying, eur	ch es cardi	ec or reepiratory	arrest,	Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition August						Onset and Death		
	OUE TO (OR AS	S A CONSEQUENCE OF	):					
Sequentielly list conditions,	b. Chron	A CONSEQUENCE DE	veil	Janu	ne			
if sny, leeding to immediate cause. Enter UNDERLYING	dia	1. p. L	n	and, h	111	)		
CAUSE (Diseese or Injury	C. OUE TO (OR AS	S A CONSEQUENCE OF	a. (//	Cell 1				
that initiated events resulting in death) LAST	. sever	Ry	rent	arak	lyr	ordes	1	
PART II. Other significent conditi	ions contributing to death	but not resulting in	n the underly	Ing cause given in	n Part i.	24s. WAS AN AUTOP: PERFORMED?	5Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						1 TES 2 NO		COMPLETION OF CAUSE OF DEATH?

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

TO BE COMPLETED

_		
	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ı		

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED 6 Pending Investigation 1-Natural 1 YES 2 ND 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be determined 4 Homicide

ENTIFIER	1 ST CERTIFYING BUYONGIAN. To the head of my broadedge doubt account of the time date and clear and during the time.	
check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and me	nner as stated.
	MEDICAL EVANINED. On the book of exemplation and/or investigation to the second of the line of the second of the line of the second of the line of the second of the line of the second of the line of the second of the line of the second of the line of the second of the line of the l	

bb. SIGNATURE AND TITLE OF CERTIFIER	DIB32	29d. DATE SIGNEO (Month, Day, 1)
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	4660 Wilkeas	An 21209
ETE PHOP (201992)		

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	5

FOR STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Kunt WHITE HTHOM 2:15P " 92 26 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In vrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 F DAYS HOURS MIN. 217-20-6658 YRS. Dec 25 1914 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Medical Ctr Baltimore 10a, STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Y YES 2 NO Baltimore FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1308 North Montford Street 21213 USA hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 TES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR DR DATES BY Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of the Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) and completely filled in by the funeral director, page 5 should be o burial, cremation, or removal. Ħ James Cunningham **BE** Regina Clarke notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Andrew White 2924 Ellicott Driveway Balto, MD 21216 pe 20a. METHOD OF DISPOSITION
1 A Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Hust 4 ☐ Donation 5 ☐ Other (Specify) Calvary Cemetery 12/1 Anne Arundel Co, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Baltimore. Falls Parkway medical 23. PART I. Enter the diseases, or complications that ceused the deeth. pe not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** the disease or condition resulting in death) RESPIRATORY FAILURE event, DUE TO (DR AS A CONSEDUENCE OF): ENGESTIVE HEART PAILURE AND RENAL traumatic CERTIFICATION Sequentially list conditiona, DUE TO (DR AS A CONSEQUENCE DF): Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING attending physician FAILURE other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 signed by the atter Health and Mental any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? POST - STROKE DEMENTIA 1 | YES 2 | -WO OF DEATH? Shows a 1 | YES 2 | NO t, of F PHYSICIAN: Dept. this certificate har with the State Do arked, or item 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA e 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Watural 5 Pending Investigation BY 1 YES 2 NO After ti 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) HUNERAL DIRECTOR: AN TO hours after de TANT: If Item 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 3 Suicide COMPLETED 6 Could not be determined 4 Homicide 29e. CERTIFIER
(Check only one)

29 MERICAL EXAMINED: On the best of my knowledge, death occurred at the firme, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, de ed at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

11/27/92 BE 29c, LICENSE NUMBER D38625 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AUERBACH

Full Day Con A

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HOPKINS GERIATRIC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

31. DATE SHED (Month, Den Veer) 1992

April more in

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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at eace
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last) Gwendolyn	VALOR	E	NALI	KER			2. DATE O	DEATH 2	10	47	3. TIME OF GEATH 7:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
	213-36-1597	1 - M 2/EXF	81	YRS.	MONTHS DAYS	HOURS	MIN.	Aug .	Day, Year)	011	Countr	Marvland
	9a. FACILITY NAME (If not institution, give a		01		96. CITY, TOW	OR LOCAT	ION OF D		23 1	_	NTY OF D	
DIMECTOR	Liberty Medical Center Baltimore											
E E	10a. STATE 10b. COUNT	Υ		10c. CIT	, TOWN OR LO	ATION						10d. INSIDE CITY
ā	Marvland			1	Baltim	ore						LIMITS?
A	10a. STREET AND NUMBER					Of. ZIP COD	E			10g. CITI	ZEN OF Y	VHAT COUNTRY?
T.	2901 Parkwood	Avenue	2			2	121	7			US	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. A	RMED	13. WAS 0	ECENDENT	OF HISPA	NIC ORIGIN?	(Specify Ver	or No-	14. RACE	- American Indian.
2	1 Never Married 2 Merried		MAR OR DATES	NO		specify Cub ES 2   NO		en, Puerto Ric lly:	ean, etc.)		Speci	r, White, etc.
	3 Widowed 4 Divorced											Black
COMPLEIED	15. DECEOENT'S EDU (Specify only highest grade		(	Give kind of v	USUAL OCCUPA		na	16b. H	IND OF BU	SINESS/IND	USTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5		le. Do NOT us	e retired.)							
	12th Grade			Tea	cher'	s Ai	de	Ba	1tin	nore	Cit	y School
3	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S N	AME (First, Mic	idle, Meiden	Surname)		
2		. F:	cank Bo	ogle			Ann	a Bar	nett	;		
2	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILINO	AODRESS (Street	and Numbe	r or Rural	Route Number	City or You	n, State, Zip	Code)	
	William E. Wa	lker		2901	Parkw	ood	Ave	. E	alti	more	e, M	ID 21217
	20a, METHOD OF DISPOSITION 1 1 Burlel 2 Cremetton 3 Rem	oval from State	20b. PLACE	AND DATE	F DISPOSITION	Name of		OATE	20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Other (Specify)	-0	MD Ve	tera								11s, MD
	21. BIGHATURE OF FUNERAL SERVICE LI	CENSEE										1 Homes I
	Dann Z	40	Plane	~	250	1 Gw	ynn	s Fal	ls F	arkv	vay	
	23. PART 1. Enter the diseases, or	complications the	0000	Land Day	Bal	timr	oe,	Mary	lanc	1 2]	216	
	shock, or heart fallure.	List only one ce	use on each lin	ieatri. Do n	or enter the r	lode of dy	ing, suc	cn ss cerdia	c or reap	iratory arr	est,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	M	sive t	1.1-	. 0'	1 T	- 0	)	1.1			Onset and Des
	resulting in death)					7 1	TIN	ave	Tion			
		OUE TO	(OR AS A CONS	EOUENCE OF	7):							
5	Sequentially list conditions.	b										
	If any, leeding to immediate	DUE TO	(OR AS A CONS	EQUENCE OF	7);							
3	CAUSE (Disease or injury	C										
	that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSI	EQUENCE OF	7):							
CENTIFICATION	tooding in dodain, Exo.	d										
2	PART II. Other significant condition	na contributing to	desth but not	resulting I	n the underly	ng ceuse	alven in	Part I 2	4s. WAS AN	ALITOPSV	246	WERE AUTOPSY FINDING
	Avperter					ing course	givon in		PERFOR		240.	AVAILABLE PRIOR TO
	Typerier	1300						— I	YES 2	NO		OF DEATH?
												1 YES 2 NO
THE SICIAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF E	EATH (C	heck only one)				
	1 □ YES 2 D NO	1 inpetient 2	ER/Outpatient	3 DOA	4 Nursing H	me 5 🗆 R	esidence	8 Other (	Specify)			
	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIMI		JURY AT		28d. DEŞCI	RIBE HOW I	NJURY OCC	CUREO	
	1 Natural 5 Pending Investigation	,				YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE (	F INJURY — At h	ome, ferm, s	treet, fectory, of	ice		28t. LOCAT	ION (Street I	and Number	or Rural A	loute Number,
1	4 Homicide determined	building,	etc. (Specify)					City or	Town, State)			
Н	29e. CERTIFIER											
COMIN CELLED		CIAN: To the best of										
	2 MEDICAL EXAMINE		AB/MINITION BRID/OF	investigatio	n, in my opinion	death occu	red at the	e time, date er	nd place, en	d due to th	e cause(s	end menner es stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE	R -0 - TIT	UN			29c. LIC	ENSE NU	MBER		29d. DATI		(Month, Day, Year)
1	Heorge C. We	UL III	M.U.			14	131	63		> 1	1/26	192
3	30. NAME AND ADDRESS OF PERSON WH	0.00000 5750 000	OF OF DEATH AT	EM 27) /Ems	Delet 1			1			-	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (III	Cit libbe.	1	1 1	4 5	, 1	1	- A.		
	George E. V	Vicks.	III M	I.O.	Liber	ty 1	led	ical	Cen	iter		
	George E. V  31. DATE FIGEDYMOND, Day, Year)	Vicks.	AR'S SIGNATURE	, D,	Liber	ty t	1ed	lical	Cen	iter		

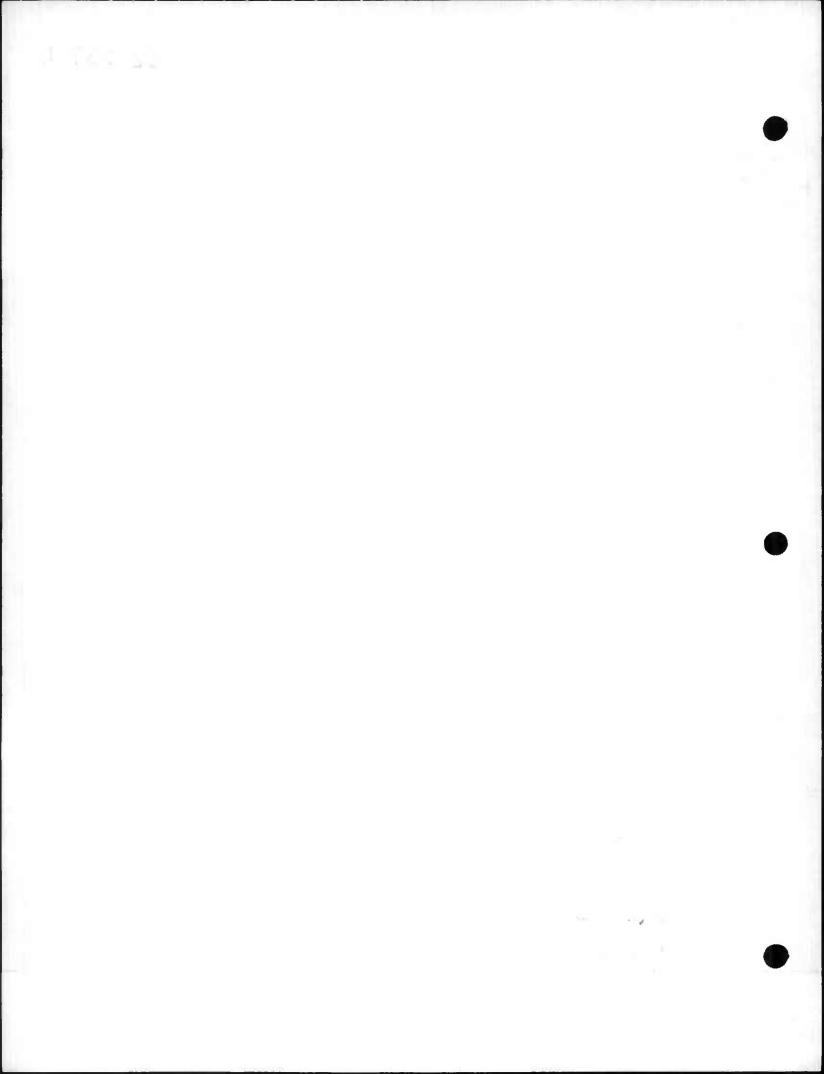
BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the hurseland
	n 24 hours after of	In filled in the the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within	been signed by the attending physician and completely
DIVISION OF VITAL	L OR ATTENDING PHYSICIAN: The la	DIRECTOR: After this certificate has

use as the burial-transit permit. Pages 1, 2, 3 should or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the thosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND					MENTAL	HYGIEN	NE
	ERTIFICATE	OF	DEAT	Ή		REG. NO	0.

	1 - FOR STATE OF MARY REGISTRAR		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	GLADYS HOTCHKISS	WARD		MONTH DAY	92 1601 M
			NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	125 18 9151 1□ M 2 屎 F	69 YRS. MON	THE DAYE HOURS MIN.	5-7-1923	New York
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF DE	ATH 9	c. COUNTY OF DEATH
9	Union Hospital		Elkton		Cecil County
E E	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	10c CITY TO	WN OR LOCATION		10d. INSIDE CITY
DIRECTOR	Maryland Cecil County		lkton		LIMITS?
	10s. STREET AND NUMBER	E.	101, ZIP CODE	1 10	1   YES 2   NO
FUNERAL	2222 Old Field Point Rd		21921		71 S A
S	11. MARITAL STATUS 12. WAS DECEDENT EVER		13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yea or	No. 14. RACE — American Indian,
	1 Never Married 2 Married IF YES, GIVE WAR OR		If yes, specify Cuben, Mexica  1 YES 2 NO Specify		Black, White, atc. Specify:
) BY	3 Widowed 4 Divorced nO				White
137	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work of	lone during most of working	166. KIND OF BUSINE	ESS/INDUSTRY
٦	Elementary/Secondary (0-12) College (1-4 or 5 +) 12 + 4	me. Do NOT use real	red.)	1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	Nurse/KepPou	ngh Operato: ME (First, Middle, Maiden Sun	
	John Hotchkiss				name)
36	19a. INFORMANT'S NAME (Type/Print) Sandra McDowel	19b, MAILING ADD	RESS (Street and Number or Aural I	Braisted	State Zin Corie)
2	141 Farrah Drive	Elktor	n, MD 21921		
	20s. METHOD OF DISPOSITION 20	Db. PLACE AND OATE OF DIS		DATE 20c. LOCAT	TION — City or Town, State
	4 N Donation 5 Other (Specify)	ametery, crematory or other p	lace)		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE PONALD W	ade, Dir	22. NAME AND ADDRESS OF FA	State	Anatomy Board
	A Tring of All Journe		655 W. Baltimo		
1	23 PART I. Enter the diseases, or complications that cause	ed the death. Do not e			
	shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final	aach line.			Interval Between Onset and Death
	disease or condition resulting in death)  a. 5ysTCMIC  DUE TO (OR AS	Sensis			
	DUE TO (OR AS	A CONSEQUENCE OF):	1 11 0		
Z			Cell CARCI	NOMA	
ATIO	If any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):			
E S	CAUSE (Disease or injury C.	A CONSEQUENCE OF):			
CERTIFICATION	resulting in death) LAST	,			
AL	PART II. Other significant conditions contributing to death	C 1.		PERFORME	
MEDIC	Hypoglycemic ENCEPHALOPATH	1, DURGICAL 2	NO STAGE RENA	1 UYES 2 DE	COMPLETION OF CAUSE OF DEATH?
	FAILURE, SURGICAL Adrenal		xy, VATYAIFICE	2	1 TES 2 NO
N.	6 ASTROINTESTINAL HEMORRY MG	5			
CI	EXAMINER? HOSPITAL:	ОТ	26. PLACE OF DEATH (Ch	ack only one)	
PHYSICIAN:	1 ☐ YES 2 ☐ NO 1 ☐ ☐ Inpetient 2 ☐ ER/Ou  27. MANNER OF DEATH 28e. DATE OF INJURY		Nursing Home 5 Residence		100,000,000
	1 Netural 5 Pending (Month, Day, Year)		WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJU	INT OCCURED
ВУ	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJUR	tY — At home, lerm, street,		281, LOCATION (Street and	Number or Rural Route Number,
TED	4 Homicide H	ecity)		City or Town, State)	
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kno	wiedge, death occurred at	the time, date and place, and dis-	to the cause(c) and manner	r en eleled
)MF	(Check only one)  2 MEDICAL EXAMINER: On the basic of examination				
	29b. SIGNATURE AND TITLE OF CERTIFUES		29c, LICENSE NUN		9d. DATE SIGNED (Month, Day, Year)
BE	/ laster Havin DD		H376		Nov. 29, 1992
70	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D		)		
	MARTIN F. GAVIN, DO 19	305 Foul.	K ROAD SUIT	ER WILM	INGTON DE 19810
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	NATURE			5/50 00 1/4/0
1 1	DEC 2 - 1992 Julie Sanden K	June Parent			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Deut, of Health and Mental Molete prior to burial, cemation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TEN	TOR:	82	
S A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Ded, of Health and Mental Houlene prior to burial, cremation, or removal	E	
ML C	A D D	7	
OSPI	Thin	Ë	
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2	5 ×	F	
		0.00	

1. DECEDENT'S NAME (First, Middle, Lest) ROBERT D. WILSON 4. SOCIAL SECURITY NUMBER	Robert	D 4 - 1-			1 047	TH	REG. N	0.		
4. SOCIAL SECURITY NUMBER		Dick	Wilso	n, III			2. DATE OF DEATH MONTH	<b>2</b> 4	YE 492 3.	5:42 P
234 10 3933	1 G/M 2 G F	8. AGE (In yrs. las	YRS.	IF UNDER 1 YEAR	HOURS			5	Mary	
9a. FACILITY NAME (If not Institution, give stre FROSTBURG HOSPITAL BESIDENCE OF DECEDENT				FROST		TION OF DE	EATH		EGANY	1
10a. STATE 10b. COUNTY	any Coun	ty		rostbu		11.7				d. INSIDE CITY LIMITS? YES 2 NO
10. STREET AND NUMBER  7 Frost Avenue  11. Marital Status					101. ZIP CO	215	32	10g. CITI	ZEN OF WHA	
3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N		If yes,		OF NISPAI	NIC ORIGIN? (Specify Y	es or No—	14. RACE — Black, W Specify:	American Indian, hite, etc.
Specify only highest grade on Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last) Ralph Ersking With	TION empleted) College (1-4 or 5+)	(Gi		SUAL OCCUP! ork done during retired.)		king	16b. KIND OF B	USINESS/IND	USTRY	
77. FATHER'S NAME (First, Middle, Last) Ralph Erskine Wi	llson						ME (First, Middle, Maide Coffroth			
P 190. INFORMANT'S NAME (Type/Print) Gertie Wilson							Route Number, City or R	wn, State, Zip	Code)	
20e. METHOD OF DISPOSITION 1			AND DATE OF	DISPOSITION					City or Town,	State
Mades	TU	be-			AND ADDR		y Board more Stre	et/Bal	Lto.Md	21201
23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO	OR AS A CONSEC	A R	REST	•	lying, suc	h as cardiac or rea	piratory srn	est,	Approximate Interval Between Onset and Deati
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	COR	DIAC OR AS A CONSEC ON AR A OR AS A CONSEC	1 /			Dis	ease			
PART II. Other significant conditions  PART II. Other significant conditions  PULMUNARY  DIA B.E.T.E.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 WASHINGLES S PROVIDED.	contributing to c	death but not not not not not not not not not no	esulting in	the underly	ing ceuse	given in		N AUTOPSY DRMEO? 2 M NO	COI DF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	FR/Outpetlant 3		OTHER:			eck only one)			
27. MANNER OF DEATN  1 Westural 5 Pending  2 Accident Investigation	28a. DATE OF I (Month, Day	NJURY	28b. TIME	OF 28c.	NJURY AT WORK?		8 Other (Specify)  28d. DESCRIBE NOW	INJURY OCC	CURED	
	28e. PLACE OF building, e	INJURY — At hore. (Specify)	me, ferm, str	reet, fectory, of	fice		281. LOCATION (Stree City or Town, Stat		or Rural Route	Number,
3 Suicide 4 Homicide 5 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:							to the cause(e) end m			d menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER  Silvary	em.	-			29c, LI	CENSE NUN	ABER 38	29d. DATE	SIGNED (MO	nth. Day. Year) 1-/92
DR. SATURNINA CHAN	IG, FROSTE	BURG PLA			RG, M	D. 2	21532		7	
DEC 2 - 1992	32. REGISTRAR	S SIGNATURE	3							

FOR STATE REGISTRAR

1 -

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 19 m PM 97 7. DATE OF BIRTH
(Month, Day War)
07-31-05 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign DX R N. Carolina 1 🔲 M permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give Sc. COUNTY OF DEATH FUNERAL DIRECTOR 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Baltimore City 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5329 Nelson Avenue 21215 U.S. use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify-Cuben, Mexican, Puerto Rican, etc.) 1 VES 2 CANO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade on the funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Housewife notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Bryant Mammie BE 190. INFORMANT'S NAME (Type/Print)
Carl Williams 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6648 Glenbarr CT. Balto., MD. 21234 9 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1 Donation 5 Other (Specify) Arbutus, MD. Arhutus Mem Park 11/25 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.L. Phillips F/HBalto., MD. 21217 1721-27 N.Monroe ST. #281 retho medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. signed by the attending physician and completely filled in by . Health and Mental Hygiene prior to burial. cremation, or remo Approximate Interval Betwe IMMEDIATE CAUSE (Final Onset and Death or other traumatic event, the disease or condition\_ resulting in death) executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OR ATTENDING PHYSICIAN: The law requires that the death certificate be DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 - YES 2 - NO OF DEATH? 1 YES 2 NO has been s Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate hours after death with the State **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 THO ng Home 5 - Residence 6 - Other (Specify) 4 Nurs 6 27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 29c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY 2 Accident 26a, PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 69 3 Suicide 6 Could not be COMPLETED Item 28 Home 4 Homicide 29a. CERTIFIER (Chack note and place, and due to the cause(s) and menner as stated. FUNERAL N PORTANT: II 2 MEDICAL EXAMINER: On the bi sels of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c LICENSE MUMBER 29d. DATE SIGNED (Month, Day, BE 在里書 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32 MEGISTHAR'S MONATURE 2 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

F

02 3371.7

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			YGIENE EG. NO.	2 3	3141
<b>D</b> <sub>u</sub>		1. DECEDENT'S NAME (First, Middle, Last)  I d'a Mae	ASBURY				2. DATE OF I	-22 <sup>-92</sup>	YEAR 3.	5:00 A
Pir		4. SOCIAL SECURITY NUMBER 218-24-2959	1 □ M 2 🔯 F 83	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		4,1909	Country) Virg	inia
1, 2, 3 should	TOR	90. FACILITY NAME (If not institution, give Franklin Square RESIDENCE OF DECEDENT	Hospital			or Location of DE	ATH		TY OF DEAT	
permit. Pages 1	DIRECTOR		timore		TOWN OR LOCAT				-	d. INSIDE CITY LIMITS?  YES 2 1 NO
. usit	FUNERAL	11427 Belair Ro	oad		101	21087		10g. CITIZ	USZ	T COUNTRY?
21215-0020 or attending physician. r use as the burlal-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spi	ENDENT OF HISPAN ecify Cuben, Mexica 2 M NO Specify	n, Puerto Ricar	i, etc.)	14. RACE — Black, W Specify: White	American Indian, fhite, etc.
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of we life. Do NOT use Homemak	ork done during mo: retired.)	DN st of working	16b. KIN	o of business/ino Home	USTRY	
yLAND 2 by the hospital be detached to at once.	OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle	t, Maiden Surname)		
RYL Me by a	BE (	Levi C. Barke	er			Ida		urgess		
E, MARN y be retained to sage 5 should be notified	10	Marion D. Purdy		11427	Belair	Road, Ki	ngsvil	ity or Town, State, Zip. 1e, Md. 2	21087	
FOR TORI		20e. METHOD OF DISPOSITION  1 Sysurial   2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State ceme	PLACEAND DATEON	er place)	Gardens	11-25	29c. LOCATION — C		
BALTIMORE, after death. Page 6 may be noval. cel examiner must be is		21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AN	d K. McC	omas I	II Funera	l Air, al Hom	ne. P.A.
BOX 68760, cate be executed within 24 hours hystician and completely filled in the prior to burial, cremation, or reserving traumatic event, the median	CERTIFICATION	23. PART I. Enter the diseases, pr shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Gastrointes  Due to (or As A or or or or or As A or or or or As A or or or or As A or or or or As A or or or or or As A or or or or or or or or or or or or or	ch line. Stinal Bl CONSEQUENCE OF	leed lacera	da of dying, suci	as cardiac		est,	Approximate interval Between Onset and Death
RECORDS requires that the been signed by the cof Health and M shows any Inju	MEDICAL	PART II. Other algolificant condition	ns contributing to deeth bu	it not resulting in	the underlying	g cause given in		. WAS AN AUTOPSY PERFORMED? ] YES 2   NO	CO OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH?  YES 2 NO
TAL The la the has ate De	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che				
EICIAN: tertifica the St.	HY	27. MANNER OF DEATH	11/2 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		-	BE HOW INJURY OCC	URED	
E 6 2	ВУ Р	1 Netural 5 Pending 2 Accident Investigation		ULMI	1 U Y	RK? /ES 2 NO		00.12		
28	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	y)			City or To			Number,
DI SPITAL OR NERAL DIR Shin 72 hou NT: II Nor	COMPL	Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occurred and/or investigation.	at the time, date , in my opinion, de	end place, and due	to the cause(s	and manner as state	id. • Cause(e) an	of manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 723	TO BE	290. SIGNATURE AND PITLE OF CONTINUE 36. NAME AND ADDRESS OF PERSON WI	IN/	m	PREN	29c, LICENSE NUM	BER /A	29d. DATE	SIGNED (Mo	onth, Day, Year) 2/4/2
	4	Dr. Alexis Renta	9000 Frankli 32 REGISTRAR'S SIGNA Julia Davidson			ltimore	3d. 21	237		
		NOV 24'92	Julia Davidson	- Pandall						

any injury, or other traumatic event, the medical examiner must be notified at once,

31. DATE FILED (Month, Day, Year)
NOV 2 199

1992

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF MAI		DEPARTMEN ERTIFICAT				YGIENE EG. NO.	9	12	33748
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	DEATH DAY		/EAR 3.	TIME OF OEATH
		Guy Hamilto					Oct.	25, 1	1992		1 A. M
	4. SOCIAL SECURITY NUMBER 216-14-6675	5. SEX 6.	AGE (In yrs. las	YRS. IF UND	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da Sept	.19,1	1900	BIRTNPL Country)	ACE (State or Foreign
O.B.	96. FACILITY NAME (II pot the litution, give MET ECHT ATI XXXXXXXXX NUTSI	9b. Cr		r LOCATION OF DE rederick			9c. COUNT	Trederick			
DIRECTOR	10e. STATE 10b. COUNT	Frederic	k	10c. CITY, TOWN	n or locati						Dd. INSIDE CITY LIMITS?
FUNERAL C	100. STREET AND NUMBER	erstown Rd.		1	10f.	ZIP CODE 2176	0		U.S	N OF WH	AT COUNTRY?
N	11, MARITAL STATUS	12. WAS DECEDENT ET	VER IN U.S. AR	RMED 1	I3. WAS DECE	ENDENT OF HISPAN		pecify Yea o	-	4. RACE -	- American Indian,
B₹	1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, M. 1 YES 2 NO S						n, Puerto Ricar			Specify: White	White, etc.
ED	15. OECEDENT'S EDI (Specify only highest grad	JCATION le completed)	/G	CEDENT'S USUAL	ne durina mos	IN at at warking	16b. KIN	ID OF BUSI	NESS/INDU	STRY	
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use retired	d.)	or or you turing		farmi	ing		
E CON	17. FATHER'S NAME (First, Middle, Lest) Charles M. Add	cins				18. MOTHER'S NAI		le, Maiden Si	umame)		
TO BE	19a. INFORMANT'S NAME (Typo/Print) Ray Adkins		19	b. MAILING ADDRE	ESS (Street ar	nd Number or Rural F					d. 21769
	200. METHOD OF DISPOSITION		20h PLACE	OF DISPOSITION	(Name of com		ĸu.,		ATION - CI		
	1 X Burial 2 Cremation 3 Rer 4 Donation, 5 Other (Specify)	noval from State	Rest	haven M	emoria	al Garde	ns		leric		
	21. SIGNATURE OF FUNERAL SERVICE L	DENSEE				D ADDRESS OF FA		_	1		
	Myles D	MORGON				d B. Tho Main St					21769
	23. PAINT L Enter the dieseses, or shock, or heart fallure			esth. Do not ent	ter the mod	de of dying, suc	h ss cardiec	or reepira	itory arre	et,	Approximate interval Batween
	anock, or near rande	List offig offe cadee	OII Gacii lille	g.							I IIII THE WALKED II
	IMMEDIATE CAUSE (Finel										Onaet and Death
	IMMEDIATE CAUSE (Finel disesse or condition resulting in deeth)	s. Pracam									Onaet and Desth
	disesse or condition	0,	NA A CONSE	QUENCE OF):							Onaet and Desth
TION	disesse or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate	DUE TO (OF									Onaet and Deeth
ICATION	disesse or condition resulting in deeth)  Sequentially list conditione, if any, leading to immsdists cause. Enter UNDERLYING CAUSE (Disesse or injury	DUE TO (OF	R AS A CONSE	OUENCE OF):							Onset and Deeth
RTIFICATION	disesse or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSE	OUENCE OF):							Onset and Death
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in deeth) LAST	DUE TO (OF  DUE TO (OF  DUE TO (OF	R AS A CONSE	OUENCE OF):							
	disesse or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated evants	DUE TO (OF  DUE TO (OF  DUE TO (OF	R AS A CONSE	OUENCE OF):	underlying	g ceuse given in		e. WAS AN A PERFORN	NED?	A	VERE AUTOPSY FINDINGS.
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in deeth) LAST	DUE TO (OF  DUE TO (OF  DUE TO (OF	R AS A CONSE	OUENCE OF):	undertying	g ceuse given in			NED?	C	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO OWNELETION OF CAUSE OF DEATH?
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	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in deeth) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OF  DUE TO (OF  DUE TO (OF	R AS A CONSE	OUENCE OF):  OUENCE OF):  resulting in the	26. PL		1 [	PERFORM	NED?	C	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO OWNELETION OF CAUSE OF DEATH?
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BY PHYSTCIAN: MEDICAL	disesse or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions are caused in the conditions of the conditions of the cause of the c	DUE TO (OF  DUE TO (OF  DUE TO (OF  d,	R AS A CONSE	OUENCE OF):  OUENCE OF):  resulting in the  3 □ DOA   OTH 4 Ø	26. PL IER: Nursing Home 28c. INJI WOI	ACE OF DEATN (Ch o 5  Rasidenca URY AT RK? TES 2 NO	1   1   1   1   1   1   1   1   1   1	PERFORM  YES 2 [  pecify)  BE NOW IN.	JURY OCCL	JRED	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OWNELTION OF CAUSE OF DEATH?  YES 2 NO
BY PHYSTCIAN: MEDICAL	disesse or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated evants resulting in deeth) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation investigation detarmined  2 Accident Graph Could not be detarmined	DUE TO (OF  DUE TO	R AS A CONSECT R AS A	OUENCE OF):  OUENCE OF):  resulting in the  DOA 4 201  28b. TIME OF INJURY Mome, farm, street, 1	26. PL IER: Nursing Hom 28c. INJI WO 1 □ Y factory, office	ACE OF DEATN (Ch.  5   Rasidenca  US   ATRICO RECT   NO.  6   Rasidenca	a Other (St. 28d, DESCRI	PERFORM  VES 2 [  Decily]  BE NOW IN.  Street energy  Street energy	JURY OCCU	A C C O O O O O O O O O O O O O O O O O	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OWNELTION OF CAUSE OF DEATH?  YES 2 NO
BY PHYSTCIAN: MEDICAL	disesse or condition resulting in deeth)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated evants resulting in deeth) LAST  PART II. Other significent conditions and investigation of the conditions of the con	DUE TO (OF  b. DUE TO (OF  c. DUE TO (OF  d. DUE TO	R AS A CONSECT R AS A	OUENCE OF):  OUENCE OF):  resulting in the  DOA 4 2  28b. TIME OF INJURY M  Dome, farm, streel,	26. PL  15ER: Nursing Hom 28c. INJI WO 1	ACE OF DEATN (Ch  5	a Other (St. 28d, DESCRI	PERFORM  VES 2 [  Decity]  DON (Street and own, State)	JURY OCCL	JRED JRED JRED	JERE AUTOPSY FINDINGS WAILABLE PRIOR TO OWNETION OF CAUSE F DEATH?  YES 2 NO
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	FOR	STATE OF M	IARYLAND /	DEPARTME	NT OF H	IFAITH AND	MENTAL HYGIEN		33749
	1 - STATE REGISTRAR			RTIFICA			REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)		W. Ber	berich,	IV /		2. DATE OF DEATH	YEAT	
	4. SOCIAL SECURITY NUMBER	5. SEX /	6. AGE (In yrs. les		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 /0	1,03
	578-03-6225	1 PM 2 - F	72	YRS. MONTH		HOURS MIN.	(Month, Day, Year)	Co	RTHPLACE (State or Foreign unity)
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. C	ITY, TOWN	OR LOCATION OF D		9c. COUNTY O	
5 P	Frederick Memori	al Hospit	al	F	reder	rick		Frede	rick
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCAT	TION			10d. INSIDE CITY
		reick		Fred	erick				X1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
剪	431 N. Market S					21707		USO	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR				NIC ORIGIN? (Specify Years, Puerto Ricars, etc.)	a or No- 14. R	ACE American Indian, lack, White, etc.
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				2 NO Specif			white
E	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S USUAL	OCCUPATION	ON .	16b, KIND OF BU	SINESS/INDUSTR	Y
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8 +	(G	ive kind of work do Do NOT use retire	ne during mo d.)	st of working	100000000000000000000000000000000000000	TOC THE STREET	
립	12			lf-emoi	au a d		Chandau	3 (7)	0.04
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4		p.	C137 G07 1	16. MOTHER'S NA	ME (First, Middle, Melden		& Storage
ш	Roberi Rernard J	Renbonio	TTT	-10		Funios	Bradbury		
B	19s. INFORMANT'S NAME (Type/Print)	3-114-		b. MAILING ADDR	ESS (Street a		Route Number, City or Tow	vn, State, Zip Code)	
2	Carol Dantzig			431 N	Marko	t Street	Frederic	ole MD 2	1701
	20a METHOD OF DISPOSITION 128 Burlet 2 Cremation 3 Remo			AND DATE OF DISE	OSITION (Ne		DATE 20c. LC	CATION — City or	Town, State
	4 Donation 8 Other (Specify)	oval from State		matory or other pla			11-2-92	Mashino	tan UC
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			2. NAME A	D ADDRESS OF FA	CILITY	0	we, vi
	Frank.	12					ral Homes,		
	23. PART I. Enter the diseases, or c	omplications that	caused the de	eth. Do not en	P.O.	Rux 1819	Frederic	b MU 2	
	abock, or heart fellure. I	List only one ceu	se on each line			de or dying, sac	it as cardisc of tesp	matory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Ca	11-1.0						Onaet and Death
	resulting in daeth)	DUE TO	OR AS A CONSE	C C	rre	5/			
_	disease or condition resulting in daeth)  e. Caraiga arrest  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions  b. Congestive heart Failure								
õ	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
¥.	cause. Enter UNDERLYING								
Ē	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE OF):					
CERTIFICATION	resulting in death) LAST	l							
- 1	PART II. Other aignificant conditions	a contribution to	dinah bua nia	- data - to ab					
PHYSICIAN: MEDICAL	A 4 C2 21C		uctive		underlying	cause given in	Part I. 24s. WAS AN PERFOI		AVAILABLE PRIOR TO
	Chionic	00>11	active	ful!	n cora	ry 413C	1   YES 2	E NO	OF DEATH?
Σ									1 TES 2 NO
Z	1								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEATH (Ch	eck only one)		
14S	1 YES 2 NO	1 Inpatient 2			_		6 Other (Specify)		
	1 Natural 5 Pending	28a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIME OF INJURY		RK?	26d. DEŞCRIBE HOW I	INJURY OCCURED	
B	2 Accident Investigation	00.01.005.01				/ES 2 NO			
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building,	FINJURY — At ho etc. (Specify)	me, term, street, t	actory, offic		City or Town, State)		al Route Number,
9	29a. CERTIFIER	34 N. T. 40 . D. 44							
MP							to the cause(e) and man		e(a) and manner as stated.
				mvenigeron, in m	y opinion, d			a due to the ceue	e(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	101	10.1	470		29c. LICENSE NUI	MBER	29d, DATE SIGN	ED (Moom, Day, year)
	M. NAME AND ACCOUNTS OF PERSONAL COMPLETES CANDELLE PARTY WITH THE								CARREL AFT LOS

Check only	1 CE	RTIFYING PHYSICIAN:	To the best of my i	cnowledge, deat	h occurred a	t the time, date	and place,	and due to ti	he cause(e) end	manner en ataled.
one)	2 MS	FDICAL EXAMINED OF	the bests of everyly	action and/or im						

2	MEDICAL EXAMINER: On the	beals of examination and/or investi	gation, in my opinion, death	occured at the time, date	end place, end due	to the ceuse(a) and manner as	atated.
	7						

31 DATE PILLOY BOY. \*"1992

32. REGISTRAR'S SIGNATURE

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687	execute	and co
BOX	ficate be	physician
P.O.	sath certi	pritending
RDS	hat the de	d by the a
RECC	Same.	een spen
AL	Med	a page
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010	PHYSICIAN	this certifi
SION OF V	TENDING PHYSICIAN	OR: After this certifi
DIVISION OF V	L OR ATTENDING PHYSICIAN	L DIRECTOR: After this certifi
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN	FUNERAL DIRECTOR: After this certifi
DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIAN The programme that the death certificate be executed within 24 hy	TO THE FUNERAL DIRECTOR: After this certifical has been some by the attending physician and completely filled

Leighton,

M.D.

0ak @

Herbert

H.

FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPART CERTIFIE			MENTAL HYGIENI REG. NO.	,	33700	
1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEATH		3. TIME OF DEATH	
McKinley	Reube B	ITTINGER			11 12	1992		
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign	
217-14-4551	1 🔀 M 2 🗆 F	7] YRS.	MONTHS DAYS	HOURS MIN.	July 7, 19	21 Mai	ryland	
Garrett County M				or LOCATION OF D	EATH	Garret		
10e. STATE 10b. COUN	Garret		and	ITION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
10e. STREET AND NUMBER		- Juli		of, ZIP CODE		10g, CITIZEN OF	WHAT COUNTRY?	
Star Rt. 2, Box	59				550			
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13 WAS DE		NIC ORIGIN? (Specify Yes		SA Assertant to the	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR O	VES 2 NO	If yes, s		an, Puerto Ricen, etc.)		CE — American Indian, ack, White, etc.  White	
15. DECEDENT'S EL		16a. DECEDENT'S U	SUAL OCCUPAT	ON	16b. KIND OF BUS	INESS/INDUSTRY		
(Specify only highest gra Elementary/Secondary (0-12) 4 t h	College (1-4 or 5+)	Coal Min					ltry Proces	
17. FATHER'S NAME (First, Middle, Last)		Coal Hi	ici/IIO		AME (First, Middle, Meiden S		itly Froces	
Floyd	- Bitti	nger		Mary	AME (First, Middle, Meiden S	Gil	nin	
19s, INFORMANT'S NAME (Type/Print)	DICCI						pin	
Genevieve M. Bit	tinger				Route Number, City or Town			
20s. METHOD OF DISPOSITION	cinger							
1 N Burisi 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stats	cometery, cramatory or oth BILLINGET	ecplace).	Com		ATION — City or		
21. SIGNATURE OF FUNERAL SERVICE	CERRE A	Dictinger				vanton,	MU	
21. SIGNATURE OF FUNERAL SERVICE LITTY  Stewart Funeral Home 32 S. Second St., Oakland, MD 21550								
23. PART I. Enter the diseases, o	r complications that car	used the death. Do no					Approximate	
immediate Cause (Fine)	. List only one cause of	on aach lina.					Onset and Dea	
disease or condition	Ventriou	lar Arrhyth	mia				45 min.	
• Ventricular Arrhythmia  ODE TO (OR AS A CONSEQUENCE OF):  45 min.								
		Heart Dise					Sev. Mon	
Sequentially list conditions, If any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF)						
cause. Enter UNDERLYING	Arterios	clerotic Hy	pertens	sive Card	lio-Vascula	r Diseas	se Unknown	
CAUSE (Disease or Injury that initiated events		AS A CONSEQUENCE OF		,210				
resulting in death) LAST	that mittated events							
	d							
PART II. Other algnificant condition	one contributing to dea	th but not resulting in	the undarlying	g cause given in	Part I. 24s. WAS AN A		L. WERE AUTOPSY FINDING	
Congenital Dw	arfism				PERFORM		MAILABLE PRIOR TO COMPLETION OF CAUSE	
History of pro	History of progressive pulmonary dysfunction							
							1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	History of bleeding peptic ulcer							
EXAMINER?	EXAMINER? HOSPITAL: OTHER:							
27. MANNER OF DEATH		Inpetient 2/TYPER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (S						
1 Netural 5 Pending	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?			28d. DESCRIBE HOW INJURY OCCURED				
2 Accident investigation 3 Suicide & Could not be	28s PLACE OF IN	URY — At homs, farm, str			281. LOCATION (Street ar	d Number or Orm	On the March	
4 Homicide 6 Could not b	building, etc. (	(Specify)			City or Town, State)	G ITWINDER OF FILES		
29e. CERTIFIER								
(Check only 1 CERTIFYING PHY	SICIAN: To the best of my is							
MEDICAL EXAMI	NER: On the basis of sxamir	sation and/or investigation,	in my opinion,	death occured at the	time, dats and placs, and	dus to the cause	(s) and manner as stated.	
290. SIGNATURE AND TITLE OF CERTIF	2/01	. 11	2.0	29c. LICENSE NUI	MBER	29d. DATE SIGNE	ED (Month, Day, Year)	
Herbert	M. Hee	gAlon, 1	n.t.	D 0.	5658	Novem	ber 13, 199	
30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Time C	helmet.			- 5 7 610	,	

5th Streets, Oakland, Maryland

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician,	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should imnoal.
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FOR

DIVISION OF WITAL RECORDS, P.O. BOX 68760,

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HOSPI ALL OH ATTENDING TETSCHAM THE MY requires that the death certificate be executed within 24 hours a	FUNERAL DIFFERING And the completely filled in by	within 72 hours after earth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	
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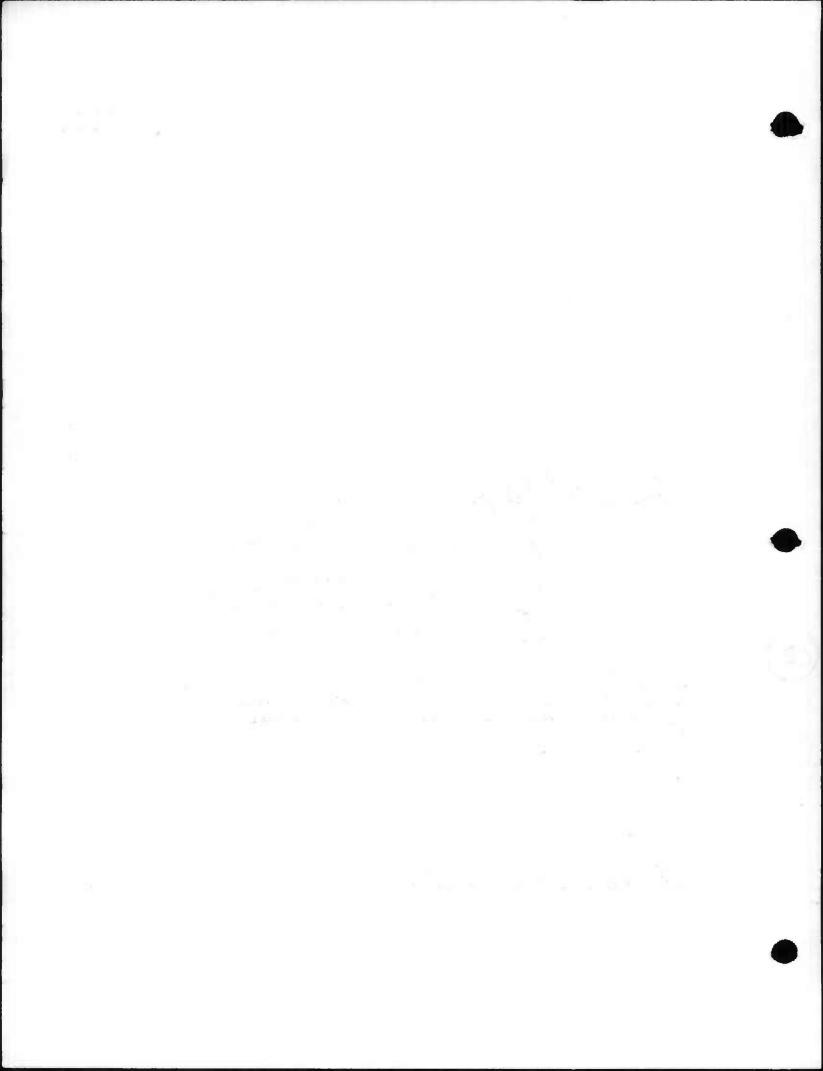
NOV 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Mabel Bessie Boyer MOVEMBER 26, 1992 11:20 a.m. M BOYER 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218\_32\_1778 1 [] M 2 [K] F Oct. 3. North Carolina 1908 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford County Street 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1140 Priestford Road 21154 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: B 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) 11 Teacher Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert James Elliott BE Margaret Osborne notified 19a. INFORMANT'S NAME (Type/Print G. Daughter 574 - 300 Job. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Susan K. Davenport 24 Baltistan Court, Baltimore, Maryland 21237 9 20s. METHOD OF DISPOSITION
1. Burlel 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Must Mt. Zion Cemetery Nov. 30, 1992 Bel Air, Maryland 21014 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSeph W. Foster 22. NAME AND ADDRESS OF FACILITY sxaminer Foster Funeral Home 50 West Broadway & Williams Street - querielli file MAXX Bel Air, Maryland 21014 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one ceuse on each line interval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition STENOSIS ADRTIC resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST 6 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? CARDIOHYOPATHY 1 TYES 2 NO OF DEATH? FIBRILLATION ATRIAL 1 TES 2 NO ASEASE RESTRICTIVE 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 | YES 2 700 me 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) . 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 29 4 Homicide IMPORTANT: If Item 29a, CERTIFIER 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, BE 29c LICENSE NUMBER aluna MP mohore 26/92 11 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) N WOLFE ST MD ARMSTRONG 600 BALTO MD 01515 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Julia Davidson-Randell

TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detacheral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the contracte be executed within 2 and refer beath. Page 6 may be retained by the hosp

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DEP/ CERT	ARTMENT OF H		MENTAL HYGIEN REG. NO.	E 92	-33752		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	1 1 0 1	" The Bette Me		
	GEORGE MI	NOR BO	OWIE SR.	1/	OVEMBER	23,199	4 4:55 AMM		
	4. SOCIAL SECURITY NUMBER 5. S			IF UNDER 24 HRS.	7. DATE OF BIRTH	6, BIF	THPLACE (State or Foreign		
	217 72 3333 11	M 2 □ F 49 YRS		HOURS MIN.	July 14,				
œ	9a. FACILITY NAME (If not institution, give street at PHYSICIANS MEMOR		LA P	R LOCATION OF DE	ATH	96. COUNTY OF			
DIRECTOR	PRISICIANS MEMOR	TAL HUSFITAL	LAF	LAIA		CHARL	LS		
E	10a. STATE 10b. COUNTY		CITY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	Maryland Charl	.es	Port Tob	acco			1 YES THE NO		
AL	10e. STREET AND NUMBER			ZIP CODE			F WHAT COUNTRY?		
FUNERAL	10725 Port To			20677		U.S.			
5	11. MARITAL STATUS  1 Never Married  12. Married	WAS DECEDENT EYER IN U.S. ARMED FORCES? XXYES 2 NO			HC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	B	ACE — American Indian, lack, Whita, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF DATES	1 TYES	XXNO Specify		Sp	oochy: White		
	15. DECEDENT'S EDUCATION	N 16a DECEDEN	IT'S USUAL OCCUPATION	N	16b. KIND OF BUS	INESS/INDUSTR	Y		
	(Specify only highest grade complete (Specify only highest grade complete)  Elementary/Secondary (0-12)  Col		of work done during mos T use retired.)						
릴	12	Heav	y Equipm	ent Ope	erator ,C	Constru	iction		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				ME (First, Middle, Maiden				
BE (	Joseph William				Margaret				
6	19a. INFORMANT'S NAME (Type/Print)	19b. MAIL	ING ADDRESS (Street a	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code)	20677		
	Louise J. Bowie				o Ra., Por	T TODA	acco, Md. 7		
	20s. METHOD OF DISPOSITION XIX Burlai 2 Cremation 3 Removal to		SPOSITION (Name of cen		netery Ch	CATION — City or			
	4 Donation 5 Other (Specify)	Maryia							
	- h 06%	^() \ A					HOME, INC.		
	12 Cake	- La			67,LA PLA		D. 20646		
	23. PART I. Enter the diseases, or comp shock, or heart failure. List 5	plications that caused the death. D phly one cause on each line.	o not enter the mo	de of dying, such	h as cerdiac or respi	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Dell	- 1h	elle	tin		Onset and Death		
	resulting in death)	Le ou	/ '	W.	65				
_	DUE TO (OR AS A CONSEQUENCE OF):								
ō.	Sequentially list conditions, if any, leading to immediate								
CAT	CBUSE. Enter UNDERLYING CRUSE. Enter UNDERLYING CAUSE (Disease or Injury								
Ē	that initiated events	DUE TO JOSTAS A CONSEQUENCE	H.0F):	4.6	lun.		9		
CERTIFICATION	resulting in death) LAST	cergura	7/	Jan					
10.70	PART II. Other significant conditions con				Part I. 34s. WAS AM		24b. WERE AUTOPSY FINDINGS		
ICAL	Deduler n	ympacky	, Dula	led.	PERFOR	77569	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	Carleonyo	tall Isch	coree H	eart as	ue.	per	OF DEATHY		
	preumonte	1 alcontes	e arlen	osclere	ui		3 44 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only over				
SIC		OSPITAL: [inputient I ] EFVOutpellert I ] 00	OTHER:  A Union Hom	e S 🗆 Residence	6 C) Other (Specify)				
H H	27. MANNER OF DEATH	28e. DATE OF MUURY 26b. (Month, Day, Her)	TIME OF 28c. INJ	URY AT RK7	28d, DESCRIBE HOW I	NUMY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation			res 2 - NO					
	3 Suicide 6 Could not be 4 Homicida determined	28s. PLACE OF INJURY — At home, far building, etc. (Specify)	rm, street, factury, offic		281. LOCATION (Street City or Town, State)		rel Route Numbec		
ET									
COMPLETED	one)	: To the best of my knowledge, death oc							
00	21   MEMICAL EXAMINER: OR	n the basis of examination and/or investig	gation, in my opinion, d						
	296, SIGNATURE AND TITLE OF CERTINAN	roboto 1 a	un	29c. LICENSE NUI		29d. DATE SIG	NGO (Month, Day, Year)		
98E	30. NAME AND ADDRESS OF PERSON WHO CO	MOI STED CAUSE OF BEATURES	(Some Delet)	D-08370	J	-161	23172		
	PAUL E. PRITCHETT			ENUE P.	O. BOX 1	317 L/	A PLATA MD.		
	31. DATE FILED (Month, Day, Year)					2064			
	NOV 24 '92	32. REGISTRAR'S SIGNATURE  GUNA DEVISION-POR	plate						



NOV 2 4

	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF		HEALTH AND F DEATH	MENTAL	HYGIENE REG. NO.			
3	1. DECEDENT'S NAME (First, Middle, Last)  MARIE A- DA  A SOCIAL SECURITY NUMBER	eick				2. DATE OF MONTH	11 DAY 2	- 1 /	74 830 M	
	4. SOCIAL SECURITY NUMBER 578-46-9219	5. SEX 8. /	AGE (In yrs. last birthday) 82 YRS.	MONTHS BAY		7. DATE OF	Day, Year)	B. BI	MASh. D.C.	
DIRECTOR	90. FACILITY NAME (If not institution, give str OIJ COULT NUR. RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		TER-	PAND A			d. 2	SA/	TIMORE 10d, INSIDE CITY	
		ltimore		Ran	dallstown			1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 5412 Old	Court Road	1		21133		10g.		S.A.	
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Vidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YER IN U.S. ARMED YES 2 (A NO OR DATES	If yes,	Specify Cuben, Mexic ES 2 NO Speci	an, Puerto Ric				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  Nurs				ATION most of working	ate	Practice			
BE COM										
TO B										
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE AND DAT			2 DATE	Pikes		e, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	lland	_	Eck	AND ADDRESS OF F hardt Fun 05 Reiste	eral		wing	21117 s Mills, Md.	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock for heert feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)									
N	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):									
ERT	resulting in deeth) LAST									
MEDICAL (	PART II. Other aignificant condition	contributing to da	eth but not resulting	In the underl	ying couse given in		PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL	200	344	26	PLACE OF DEATH (C	Check only one	1	$\perp$	/	
PHYSICIAN:	EXAMINER?	HOSPITAL:	NOutpetient 3 DOA	OTHER:	fome 5 - Residence					
ВУ РН	5 Pending (Month, Day, Year) INJURY WORK?						RIBE HOW INJURY	OCCURE	D	
ED	3 Suicide 8 Could not be datermined	28e. PLACE OF IN building, etc.	IJURY — At home, ferm.	street, factory, o	ffica		LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	cool only		knowledge, death occur						use(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		3.60	1-0-1	19c. LICENSE N				SNED (Month, Day, Vola)	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27) (MI	Print)	10				471	

Control Contro

DIVISION OF WITH RECORDS, P.O. BOX 68760,

	FOR STATE OF MADVI AN						_	2	33754
	1 - STATE STATE OF MARYLAN		RICATE OF		MENTA	L HYGIEN	-		
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
	Honora Margaret Burrow				11	2	3 19	992	3:00 a™
	10 m a X a	rs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	OF BIRTH		Country)		
	263-44-4173 1 M 2 M F 7	7 YRS.			1	1-13-1	-		pland
			9b. CITY, TOWN		DEATH		9c. COUNT	TY OF DE	ATH
	2626 Manchester Rd.		Westmin	ster			Car	roll	
DIMEGION	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT	TON				T	10d. INSIDE CITY LIMITS?
	Maryland Carroll		Westmins	ster					1 YES 2 NO
	10s. STREET AND NUMBER		10	ZIP CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?
	2626 Manchester Rd.			21157			U.S.	A.	
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISI ecity Cuban, Mex	ican, Puerto	N? (Specify Ye Rican, etc.)	s or No-	I4. RACE - Black,	- American Indian, White, etc.
	3 Widowed 4 M Divorced IF YES, GIVE WAR OR DATE	2 NO Spe	clfy:			Specify	White		
	15. DECEDENT'S EDUCATION 16		USUAL OCCUPATION		160	. KIND OF BU	SINESS/INDU	STRY	WILLE
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during mo se retired.)	st of working					
	10	Waitre	288			Rest	aurant	;	
	17. FATNER'S NAME (First, Middle, Last)			16. MOTNER'S					
	Frank J. Ruth			-	t O'B		100		
	19a. INFORMANT'S NAME (Type/Print)  James Regester	2699	Manches	nd Number or Rus	West	ber, City or Tox tminst	er, Mo	l. 2]	1157
	20s. METHOD OF DISPOSITION 1A Burlal 2 Cremation 3 Removal from Stata	ACE AND DATE	of DISPOSITION (Nather place)	me of	DAT	E 20c. LC	CATION — C		
	4 Donation 5 Other (Specify) New  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Lucher			- 1			T, r	Maryland
	I South Eellad			ardt Fi				r. N	4d. 21102
	shock, or heart failure. List only one cause on each line.  Interval Between Onset and Death disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List only one cause on each line.  Interval Between Onset and Death Onset a								
	PART II. Other significant conditions contributing to deeth but	not resulting	in the underlying	g cause given	n Part I.	24a, WAS AN PERFOI 1 YES	RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 WHO
	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (	Check only o	ne)			
ı	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpetient 2 ER/Outpetie	ent 3 🗆 DOA	OTHER:	e 5 Residenc	e 6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		_	SCRIBE NOW	INJURY OCCL	RED	
-	1 Netural 5 Pending (MURRI, Day, Tear)	and	M 1 1						
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — building, etc. (Specify)	street, factory, offic		281. LOC City	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	29a. CERTIFIER (Check only one)  A CERTIFYING PNYSICIAN: To the best of my knowledge one of a completion on the best of a completion on the completion on the completion o								
	2 MEDICAL EXAMINER: On the basis of axamination at		, in my opinion, d			and place, ar			
	SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	UMBER 7		29d, DATE	SIGNED (	Wonth, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) /7/ma	Print)	<b>UD</b>	112		11	47	-76
	D.A. Rocha, MD. 4500	o Blo	ckroc	e Rd	. H	AMPS	TEAD	M	d 21074
	34 DOTS FRED MONTY Day, Year) Julia Day door - Men	tell.						,	

and address

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Markett, Landston and R. R. Reiter, Electrical Science

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law insuling an equal control of the hospital.	TO THE FUNERAL DIRECTOR. After this certificate has been accessed to be presented for	e fi
_		-

		FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGI REG.		
		DECEDENT'S NAME (First, Middle, Last)	Suzanne	M. BENDE	R		2. DATE OF DEATH		3. TIME OF DEATH 0345 a
		4. SOCIAL SECURITY NUMBER 578-14-6717	1 □ M 2 🎇 F	E (In yrs. lest birthde 75 YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Dec. 11,	' 1916 v	
	TOR	9a. FACILITY NAME (If not institution, give st Frederick Mem RESIDENCE OF DECEDENT		tal	Frede	on Location of Di	EATH	Frede	rick
	DIRECTOR		ederick	10c. 0	Frederi				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
	FUNERAL		04 Waverley			21702		U.S	A.
	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, a		NIC ORIGIN? (Specify in, Puerto Rican, etc. ly:		RACE — American Indian, Black, White, etc. Specify: White
	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	S USUAL OCCUPAT of work done during in use retired.)	ION ost of working		BUSINESS/INDUS	
at once.	E COMPLET	17. FATHER'S NAME (First, Middle, Last)	Harry G. Ba		keeper		WE (First, Middle, Med ith E. Pi	den Surname)	try Club
e notified	TO B	190. INFORMANT'S NAME (Type/Print) Mr. Charles D. Be		19b. MAILE			, Frederi		
or must b	,	20s. METHOD OF DISPOSITION  1 Disposition   Commetted	ovel from State	emetery crematory o	<u>Memoria</u>	1 Garden	s 11-1-92	LOCATION — CH	y or Town, State rick, Maryland
al examin		▶ Allan	It Ruby	M0070	Keene 106 E	ast Chur	ord P.A. ch St., E	rederic	k, Md. 21701
event, the medica		23. PART I. Enter the diseases, or cashock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	PROCREST / VE	each line.				- Walter Control	Interval Between
or other triumatic event, the medical examiner must be notified at once.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE					
in sub-up in	MEDIONE (	PART II. Other aignificant condition	s contributing to deeth	but not resultin	g in the underlying	ng cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
em 23 sh	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	reck only one)		
		1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Dispetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	y 26b. T	4 Nursing House Nursing House Number 1 American Number 1 American Number 1 American Number 1 American Number 1 American Number 1 American Number 1 American Nursing House Number 1 American Numb	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
28 is ma	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — Al home, fam pecify)			28f. LOCATION (Str. City or Town, St	pet and Number or lete)	Rural Route Number,
NT: If item	COMPLETED		CIAN: To the best of my kno						ause(s) and manner as stated.
IMPORTA	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Bron M.	Honri	2 ms	29c. LICENSE NUI	MBER 761	29d. DATE S	IGNED (Mapth, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO BRIBN M. D'CONN	OR MB 50	W. SEV	ENTH ST.	FREAL	ERICK M	D 21	701

31. DATE FILED (MONTH, Day, 1980)

	HOSPITAL OR ATTENDING PHYCIANE THE GALLEGIES that the death certificate be executed within 24 hou	FUNERAL DIRECTOR. Are magent the support of the standing physician and completely filled it	within 72 nouns are commonwante Sale Out, or Health and Mental Higlene prior to burial, cremation, or	7517. If there 50 is sensited the same of these are influed as other because the con-
-	AL THE GOALTS	Time I	State Que. o	111
	quires that the	stigned by the	f Health and M.	state new letter
	death certificate by	attending physicis	ental Hydlene prior	on other by
	executed within 24	in and completely fil	to burial, cremation	the second the
	2	Pa	0	8

	1 - STATE REGISTRAR	STATE OF	MARYLAN	D / DEPAR				MENT	AL HYGIEN	E	26	33/36
	1. DECEDENT'S NAME (First, Middle, Last)		UY	C	RIS	5		2. DAY	TE OF DEATH	4 - 6	YEAR	TIME OF DEATH 5
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. last birthday)	IF UNDER 1 YE	7	NDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTHPL	ACE (State or Foreign
1 3	213-30-4850	1 🔀 M 2 🗆 F	61	YRS.	MONTHS DA	AYS HOURS MM.		July 13, 19		1931	Country)	Virginia
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LO	CATION OF D	_	-11	9c. COU	NTY OF DEA	TN
DIRECTOR	PALLSTON GENEL	AL HOST	MAL		FALLSTON					H	ARFO	ORD
<u> </u>	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR L	OCATION						Od. INSIDE CITY
F	Maryland H	arford		1	Bel Air	r				1	LIMITS?	
4	10e. STREET AND NUMBER					10f, ZIP	CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	2113 Whitehouse	Road					21014			τ	I.S.A.	
3	11. MARITAL STATUS	T EVER IN U.S	S. ARMED					GIN? (Specify Yes	or No-	14. RACE -	- American Indian,	
	1 Never Married 2 Married	FORCES?	YES 2	₹ NO			Cuban, Mexic NO Speci		to Rican, etc.)		Black, 1	White, etc.
B	3 Widowed 4 Divorced						Cito Open				Whit	e
9	15. DECEDENT'S EDI (Specify only highest gred	UCATION le completed)	16	a. DECEDENT'S	USUAL OCCU		vorkina	1	6b. KIND OF BUS	SINESS/INC	USTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	ng most or r	vorarig					
M P	9	0		Mechai	nic				Farm E	quipn	ent	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)					16.			t, Middle, Malden	Sumame)		
BE	Harry L. Criss					Georg	jia I	Pritt				
10	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	reet and Nu	mber or Rural	Route Nu	Number, City or Town, State, Zip Code)			
	Mrs. Margie Roe	Criss		2113	White	house	Road	l, Be	el Air,	Mary	land	21014
	20s. METHOD OF DISPOSITION	novel from State		ACEANDDATE				D	ATE 20c. LO	CATION -	City or Town	n, State
1 M Buriel 2 Cremation 3 Removal from State    A Donation 5 Other (Specify) Harford Memorial Gardens   11/28 Aberdeen, Mary									Maryland			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE					DRESS OF FA					
exall	Kirston	nustl	rale	sbe	Ta Ab	rring	g-Carg ≥n, Ma	jo Fi iryla	uneral 1 and 21	Home, 001-3	P.A. 3399	
200	23. PART I. Enter the diseases, or	complications the	at caused th	e death. Do	not enter the	mode o	dyling, suc	ch as c	ardiac or respi	ratory an	rest,	Approximate
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final Onset and Death											
	disease or condition a. Acute Pulmey adman											
	DUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions, a Meter Structic I may CA											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE O	F):		1					
3	CAUSE (Disease or Injury	c										
	that initiated events	DUE TO	(OR AS A CO	NSEQUENCE O	f):							
E E	resulting in death) LAST	d										
0	PART II. Other significant condition	ns contributing to	death but i	not resulting	in the under	dvina car	se given in	Part I	24a, WAS AN	ALITOPRY	24b W	/ERE AUTOPSY FINDINGS
3						rying bac	ou given in		PERFOR		A	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC									1   YES 2	□ NO		F DEATH?
2											1	YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:		OF DEATH (C					
₹ ×	1 VES 2 NO	1 Inpetient 2					Residence	_				
	1 Netural 5 Pending		Day, Year)	28b. TIN	JURY	WORK?		28d. D	EȘCRIBE HOW II	NJURY OC	CURED	
B	2 Accident Investigation	20- 01 405	NE IN HIM	11.5 4		YES	2   NO					
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, off building, etc. (Specify)									DCATION (Street a lty or Town, State)		or Hural Hou	ite Number,
L CAR CERTIFIED												
APL	anal	SICIAN: To the best o										
COMPLET	2 MEDICAL EXAMIN	ER: On the beats of a	examination an	d/or investigation	on, in my opini	on, death	occured at the	e time, d	ata and place, an	d due to It	e cause(s) s	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month), Da										forith, Day, Year)		
2 0	JUN M						173	6	715			
우	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAL	SE OF DEATN	(ITEM 27) (Type	, Print)							

32. ARGISTRAB'S SIGNATURE
Julia Davidson-Randall

DHMH-16 Rev 1/89

death	fune	ВХЭП
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TIASC	INER/	N.
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TO THE HOSPITAL DR ATTENDING PHYSICAL TITLE TO THE TOTAL THE death currents be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this cent care are been speed by the attending the area of completely filled in by the fune be filled within 72 hours after death with it. Statement of removal.	IMPORTANT: If Item 28 Is marked, of tem 23 series any Injury, or other transmittee event, the medical exam

		FOR 1 . STATE	STATE OF	MARYLAN							MENT	AL HYGIEI	IE J	ر ر	3/5/
	Section 2	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  Robert  L	Robert	Leon					DEA	ТН	2. DA	REG. NO		-92 PEXIR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In y	ra. leat	birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HIRS	7 041	TE OF BIRTH		7 oZ	PLACE (State or Foreign
- {		213-38-7030	1 🖾 M 2 🗆 F		18	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	ch 29,	1944	Country	
- [		9a. FACILITY NAME (If not institution, give s	treet and number)				9b. CITY	, TOWN	OR LOCATI	ION OF D			_	NTY OF DE	
	5	Union Hospital o	f Cecil	County	7		E11	cton					Ce	cil	
- 1	СТОВ	RESIDENCE OF DECEDENT													
	DIRE	Maryland Ceci			10c. CITY, TOWN OR LOCATION Elkton										10d. INSIDE CITY LIMITS?
		10e. STREET AND NUMBER				1511		1				~	-		1 YES 2 X NO
	RAL	15 Elk Valley La	ne					10	2192						HAT COUNTRY?
	FUNE	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.	S. ARM	IFD	13.	WAS DEC			NIC OBE	GIN? (Specify Ye		S.A.	- American Indian,
		1 Never Married 2 Married	FORCES?	YES 2	2 X N			li yes, sp	ecify Cubi	an, Mexica	en, Puerl	to Rican, etc.)	a or mo	Black	, White, etc.
	84	3 Widowed 4 Divorced			S 1 ☐ YES 2 X NO Specify:								Specif	White	
- 1		15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18			USUAL O		ON ost of world	na	31	186. KIND OF BU	ISINESS/INI	DUSTRY	
- 1	EI I	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Me. i	Do NOT us	ne retired.)								
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			Т	otal.	ly d	isab	_						
5	-	Dennis Ch						18. MOT	HER'S NA		therin		м о		
notified at	BE	19a. INFORMANT'S NAME (Type/Print)			19h	MAILING	ADDRESS	2 /Street	and Numbe	e oe Buml		umber, City or To			
	2	Shari M. Tomchic		1											
t be		20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town									wn, State				
must		1 XBuriat 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	_ cemeter Che	ry, crem	etory or o	ther place)	etho	dist	Cen	1 <u>1</u> ]	1-24 992 C	nerry	Hill	L, Maryland
je l		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1	0						Funera	ls. P	A	
examiner		* Sol	6h E	71	ia	K.	A.	103	West	Sto	ckt	on Str	eet		
medical		23. PART I. Enter the diseases, of c	omplicationa the	it caused th	ne des	th. Do r	not enter	the mo	de of dy	ing, suc	th aa c	21-552 ardiac or resp	oiratory an	reat,	Approximate
Ē		shock, or heart feliure.	List only one ca	use on each	h lina.										Interval Between Onset and Death
å,		A CONTRACTOR OF THE CONTRACTOR	Sys7	E8911		ens	15								ONEWEEK
event,															
	No.	Sequentially list conditions,	GANGRE DUE TO	ve of	- /	RIGHT	T A	PM							2 MONTHS
Traumant.	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	50.000	DR AS A CO	ONSEDI	JENCE OF	F):	20.0	calan	20.1	ė.				114005
Z	FIC	CAUSE (Disease or injury that initiated events	Severe Due to	(OR AS A CO	ONSED!	7/C JENCE OI	<i>////</i> F):	enu	XUEC	0)4					JEMAS
or oth	E	resulting in death) LAST	Type	I DI	1AB	765	14	slett	20						years
Injury, or	S														
y in	8											24a. WAS A	NAUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
shows any	MEDICA	UNTYGIFIED GASTERD	W162/110	TO ACT	10/2/0	-wig	, .	00-	1406	NON	196	1 🗌 YES	2 NO		COMPLETION OF CAUSE OF DEATH?
		TOTALUISCO								-	_	1			1 TYES 2 NO
Ilem 23	AN	25. WAS CASE REFERRED TO MEDICAL			_	-		26. PI	LACE OF D	DEATH /C/	neck only	one)			
爿	PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetle	ent 3 (	DOA	OTHER 4 Num	₹:				ther (Specify)			
d,	¥	27. MANNER OF DEATH	28a. DATE Of (Month, L		Т	28b. TIM	E OF	28c. IN.	URY AT			DESCRIBE HOW	INJURY OC	CURED	
26	BY E	1 Natural 5 Pending 2 Accident Investigation	(MORRI, L	yay, rear)		into	URY		YES 2	NO					
-00	0	3 Suicide 6 Could not be	28e. PLACE ( building	OF INJURY — , atc. (Specify)	At horr	e, ferm, i	street, fact	ory, offic				OCATION (Street ity or Town, State		r or Rural R	oute Number,
n 28	ETE	4 Homicide determined											,		
9	MPL	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	my knowledg	ge, dea	th occum	ed at the t	ime, data	and place	, and due	to the	cause(8) and mi	nner as sta	ted,	
Ä	CON	one) 2 MEDICAL EXAMINE	R: On the besis of e	examination an	nd/or In	vestigatio	n, tn my o	pinion, c	leath occu	red at the	time, de	ete and place, a	nd due to ti	he cause(s)	and manner as stated.
	w	296. SIGNATURE AND TITLE OF CERTIFIER	9	_					29c. LIC	ENSE NU	MBER				(Month, Day, Year)
IMP	0 8	/ leiter 5	aven X	/					H37	63	2		M	12 -	24, 1992
	-	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAU	SE OF DEATH	(ITEM	27) (Type,	Print)		11			SE M			
		STARTIN F. GAYIN, E 31. DATE FILED (MONTH, Day, Ybar)	.0. 180	FOUL	KI	CAD	Juite	B	Will	MING	700	DE K	1810		
		NOV 24'92	Julia Da	AN'S SIGNATU	RE	182									

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FUNERAL DIRECTOR: After I within 72 hours after death

TO THE FUNERAL D be filed within 72 h IMPORTANT: If II

PHYSICIAN:

BY

COMPLETED

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supped by the attending physician and completely filled in by we all and Mercal Hygiene prior to burial, cremation, or remo

executed within

24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

92 33758 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO RANCIS FRANCIS VRAYMOND 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH CARY JEAR OLD A SOCIAL SECURITY MUMBER 5 SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Aug. 12, 216-44-9440 XXM 2 □ F 75 Maryland 1917 Sa. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH SOUTHERN MARYLAND CLINTON DIRECTOR RINCE GELKGES RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 1XXYES 2 NO Maryland Charles Indian Head FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2, Box 24 20640 Straus Avenue, Rt. U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXINO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 D Marr 3 Widowed 4 Divorced 1 TES 2 NO Specify BY White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highe U.S. Government Elementary/Secondary (0-12) College (1-4 or 5+) 12 Plumer/Stem Fitter, Ret. Bureau of Engraving. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) Margaret Joeckel Raymond Cary BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hazel J. Box 24, Indian Head, Md. 20640 Carv 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Charles Cemetery 11/25/92 Glymont, Md. Donation 5 C Other (Specify) 21. SIGNATURE/OF FUNERAL SERVICE LICE AREHART -ECHOLS FUNERAL HOME, INC. 0 BOX 567, LA PLATA, MD. 20646 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) \* MASSIVE ISCHEMIC STROKE WITH RIGHT HEMIPARESIS DAYS. SEVERE CEREBRAL ATHEROSCLEROSIS MEDICAL CERTIFICATION YEARS. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING WEEKS. CAUSE (Disease or Injury CHRONIC AS RESTRICTIVE PULMONARY DISEASE WITH that initiated events

RESPIRATORY FAILURE. resulting in death) LAST MONTSH. · ATHEROSCLEROTIC CORONARY HEART DISEASE WITH PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO

INTRACTABLE UP	PPER G.I. BLEE	DINGS V	WIMH GASTR	IC	1 TES 2 NO				
RESECTION ENT	EROCOCCAL SEP	TICEMI	A AND RENA	L FAILURE.					
5. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)							
EXAMINER?  1   YES 2   NO	HOSPITAL: 1 Dinpatient 2 ER/Outpatient 3		OTHER: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify)						
27. MANNER OF DEATN  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCU	RED				

BLEEDINGS WITH GASTRIC

HX.OF CARDIAC ARREST

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, red at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFI 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON

CLINTON, MARYLAND 20735 7900 OLD BRANCH AVE.

D12884

DETER W 32 REGISTRAP'S SIGNATURE Lina Davidson-Randelle 31. DATE FILED (Month, Day, Year)
NOV 2 4 92

INTRACTABLE UPPER G.I.

COMPLETION OF CAUSE

OF DEATH?

NOV.22 1992

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TO THE HOSPITAL OR ATTENDING PHYSIC ME THE MENT HAVING THE GEATH CENTINCATE DE EXECUTED WITHIN 24 FOURS ATTENDING PHYSIC May DE retained by the host	TO THE FUNERAL DIRECTOR: After this commission of the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO	-					
	1. DECEDENT'S NAME (First, Middle, Last, FRANCES		OVER			2. DATE OF DEATH ONLY 29	1992 YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 218-34-5339	1 🗆 M 2 🖔 F	(In yrs. last birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1937 Wes	HPLACE (State or Foreign try) Virginia				
TOR	98. FACILITY NAME (If not institution, give 9435 Harmony Road RESIDENCE OF DECEDENT			Myersvi	lle	EATH	Freder					
DIRECTOR	10a. STATE 10b. COUN	erick		ry, town on LOCA yers vill				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 9435 Harmony Road	d		10	21773		10g. CITIZEN OF	what country?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ecity Cuben, Mexico 2 NO Specia	Blo	CE — American Indian, ck, White, etc. icity: White					
COMPLETED	15. DECEDENT'S ED (Specify only highest gree Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	B USUAL OCCUPATE work done during mo use retired.) Maker	k done during most of working intred.)							
BE COM	17. FATHER'S NAME (First, Middle, Last) Richard Dav	id Bennett	AME (First, Middle, Meiden Frances	Sumame) Kerr								
10 8	199. INFORMANT'S NAME (Typer/Print) Richard V. Cover  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) 9435 Harmony Road, Myersville, Maryland 21773											
	206. METHOD OF DISPOSITION  1   Burlel 2 X Cremetion 3   Themselve from Blate   4   Donation   Other (Specify)    206. PLACE OF DISPOSITION (Name of comotory, crematory or Smithsburg, marylog place)    Smithsburg Crematorium    207. NAME AND ADDRESS OF FACILITY    504 Main Street    Ricketts Funeral Home Myersville, MD											
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	. A	The same				Interval Batween Onset and Desti				
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTO PERFORMED  1 YES 2 Z I							III. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	tostient 3 🗆 DOA	OTHER:	LACE OF DEATH (C	heck only one)  8  Other (Specify)						
ВУ РНУ	27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED					
	3 Suicide 8 Could not b	28e PLACE OF INJUR		street, factory, offic	28	28f. LOCATION (Street City or Town, State		I Route Number,				
COMPLETED	and and	SICIAN: To the best of my knowner: On the basis of examination						o(s) and manner as atated.				
BE	296. SIGNATURE AND TITLE OF CERTIF	JER			290. LICENSE NU		29d. DATE SIONE	ED (Month, Day, Year)				
2	30, NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)			1					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG										
		100000000000000000000000000000000000000										

33760 92 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Joseph Henry Commings 2. DATE OF DEATH 610/A M -21 JOSEDY mmink 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. lest birthde) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 29,1913 089-28-4644-A New York 79 DAYS. 1 18 M 2 F Sept. FACILITY NAME (If not institution, girls 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR use as the burial-transit permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Harford Maryland Edgewood 1 YES 2 1 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21040 1205 Hanson Road USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuber, Mexican, Puerto Rican, etc.) 1 Never Married 2 Marr 1 YES 2 NO BY 3 N Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION secilly only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Soe detached for College (1-4 or 5+) 12 Short Story Writer Writing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) 2 notified at Patrick Francis Commings BE ( Florence Rose Probyn page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Eileen E. Bergh 5535 E. Arthur St., Inverness, Fla. 34452 20s. METHOD OF DISPOSITION

1 St Burlel 2 Cremation 3 Red
4 Donation 5 Other (Sacretic 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION - City or Town, State must director, tery, crematory or other place)
Zion Cemetery 11-25-92 Bel Air, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENDEE 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A. funeral hours after death. 1317 Cokesbury Road, Abingdon, Md. 21009 part in and completely filled in by the print to burial, cremation, or removal. medical or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on Interval Between IMMEDIATE CAUSE (Final Onset and Death the car he executed within resulting in death) traumatic event, BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): hysician cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other ! DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART In Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS DIVISION OF VITAL RECORD (HYPER TENSION shows any 1 YES 2 NO 1 YES 2 NO been s PECUBITU certificate has be h the State Dept. d, or Item 23 s OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 TES 2 NO flent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 1 Natural 5 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 5 Pending 1 YES 2 NO BY After 1 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) E FUNERAL DIRECTOR: A within 72 hours after di 60 ED 8 Could not be 4 Homicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF THE FUNERAL COMPOSITION TO THE FUNERAL COMPOSITION TO THE PROPERTY. If IN (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death 295 GNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day BE 2

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32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The IN INCIDENCE THE INCIDENCE IN INCIDENCE	RAL DIRECTOR: After this certificate transform and minimal physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit.	be filed within 72 hours after death with the State Tep.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutified at once.
THE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR: After	e filed within 72 hours after death	MPORTANT: If Item 28 is ma

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TACK WISSLEY COCHRAN  1 - SECOND FOR MANNEY PLAN AND ALL 1992  1 - SECOND FOR	REGISTRAR				EKIIF	CALE	OF	DEA	IH		REG. NO.			
4. SOCIAL SCORTY MANSERS  \$5.57-38-95.42  \$1.50 = 1 = 70  \$1.50 = 10  \$1.50 = 100	1. DECEDENT'S NAME (Fin	st, Middle, Last)	JACK WE	ESLEY C	OCHRA	N				MONTH	DA			
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Without   Provided   Provided   Provided   Free 1   Provided   P		farmer.				13. V	MAS DEC	ENDENT C	F HISPAI	NIC ORIGIN	(Specify Yea	or No-	14. RAC	E — American Indian, k. White, etc.
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Investigator - Inspector General's Office   Softial				16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON	207	16b.	KIND OF BUS	INESS/IN	DUSTRY	US-
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James Wesley Rider Cochran   Tab. MALING ADDRESS (Shore and Number or Part Rouse Marbos City or Daws, State, 26 Code)	17, FATHER'S NAME (First,	Middle, Last)					_	_						
TO COMPANY THE PROPERTY TO MEDICAL ENGAGEMENT TO STATE AND CONTROL TO ST	James W	esley	Rider C	lochran									æl	
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Arlington National Cemetery 11-80-92 Arlington, Va.  13. EMARTHE OF PURENAL SERVICE LICROSE  HOWARD K. McCames III Funeral Home, P.A.  HOWARD K. McCames III Funeral Home, P.A.  1317 Cokesbury Rd., Abination, Md. 21009  22. PART I. Enter the diseases, or complications that caused the death To Trotrother than mode of dying, such as cardiac or respiratory arrest, shock, or hart failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  OUE TO (OR AS A COMSEQUENCE OF):  DUE TO (OR AS A COMSEQUENCE			novel from State				TION (N	ame of		DATE	20c. LO	CATION -	City or To	wn, State
22. NAME AND ADDRESS OF FACILITY HOWARD K. MCCOTTAGE 1317 Cokes/bully Rd., Abinocion, Md. 21009  23. PART Lense the diseases, or completestions that caused the death. Tor not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on such line.  IMMEDIATE CAUSE (Final disease or conditions, or heart failure. List only one cause on such line.  IMMEDIATE CAUSE (Final disease or conditions)  a. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A. PLACE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   VES 2   MO  1   VES 2   MO  1   VES 2   MO  26. MANINY AT    1   VES 2   MO  27. MANNER OF DEATH  28. DATE OF RANINY  1   MORRING AND SUPPRISON AND			TOTAL TIOM OLDES	_ Arlin	gton	Nati	ona	1 Cer	nete:	ry 11	-30-92	2 Ar	Lingt	con, Va.
21. PART I. Enter the diseases, or complications that caused the destrict or not wither the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in destrict or not only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in destrict or respiratory arrest.  IMMEDIATE CAUSE (Finel disease or condition resulting in destrict or respiratory arrest.  IMMEDIATE CAUSE (Finel disease or condition resulting in destrict or conditions)  A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE	21. SIGNATURE OF FUNER	AL SERVICE LI	CENSSE ON 1	1							III Fı	mera	al Ho	ome. P.A.
23. PART I. Enter the dissesses, or complications that caused the dealt. To not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hant fallure. List only one cause on ascella on accessed on ascella inc.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):	HOUSE	11/	LULL	Le W	1111	/ 13	17	Cokes	sbur	v Rd.	. Abir	ador	1. Mc	1. 21009
28. NAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   NO  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   Northerial   S   Pending Investigation   S   State   S   Other (Specify)  28. DATE OF INJURY At home, ferm, street, factory, office   Self. Injury At   Northerial   Self. Injury At   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Self. In	shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events	itions, ediate ving	a. OUE TO b. DUE TO c.	OR AS A CONSE	OUENCE OF									Interval Between
28. NAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   NO  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1   Northerial   S   Pending Investigation   S   State   S   Other (Specify)  28. DATE OF INJURY At home, ferm, street, factory, office   Self. Injury At   Northerial   Self. Injury At   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Northerial   Self. Injury At   Self. In	PART II Other signific	ent conditio	na contribution to	doub but not			4 4 1			5 I				
28. WAS CASE REFERRED TO MEDICAL  EXAMINER? 1   YES 2   NO  OF DEATH? 1   YES 2   NO  OTHER: 4   Muraing Home 5   Medican 8   Other (Specify)  27. MANNER OF DEATH   1   Sending   28. DATE OF INJURY   28. THE OF   3   Sulcides   8   Could not be determined   4   Homicide   Sending   29a. CERTIFIER   Check only one   29b. SIGNATURE AND TITLE OF EXTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  30. NAME AND ADDRESSOP PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  29. DATE FILED (Month, Dec. 1992)  31. DATE FILED (Month, Ope, 1992)  32. PEGG TRANS SNANSPIRE (VITEM 27) (Type, Print)  33. NAME AND ADDRESSOP PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  34. DATE FILED (Month, Ope, 1992)  35. DATE FILED (Month, Ope, 1992)  36. DATE FILED (Month, Ope, 1992)  37. DATE FILED (Month, Ope, 1992)  38. DATE FILED (Month, Ope, 1992)  39. DATE FILED (Month, Ope, 1992)  30. DATE FILED (Month, Ope, 1992)  30. DATE FILED (Month, Ope, 1992)  30. DATE FILED (Month, Ope, 1992)  31. DATE FILED (Month, Ope, 1992)  32. PEGG TRANS SNANSPIRE (VITEM 27) (Type, Print)  33. DATE FILED (Month, Ope, 1992)  34. DATE SIGNED (Month, Ope, 1992)  35. DATE FILED (Month, Ope, 1992)  36. DATE FILED (Month, Ope, 1992)  37. DATE FILED (Month, Ope, 1992)  38. DATE FILED (Month, Ope, 1992)  39. DATE FILED (Month, Ope, 1992)  30. DATE FILED (Month, Ope, 1992)	PART II. Other signific												246	AVAILABLE PRIOR TO
EXAMINER?  1 YES 2 NO  1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Nestidence 8 Other (Specify)  27. MANNER OF DEATH  1 Nestural 5 Pending Investigation 3 Suicide 4 Montkide 8 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, desth occurred at the time, data and place, and due to the cause(s) and manner as stated.  30. NAME AND ADDRESS OP PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  X I MOTHLY SOUNDLY AT WORK?  1 YES 2 NO  28a. DESCRIBE HOW INJURY OCCURED  28b. INDEX AT WORK?  1 YES 2 NO  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town,			00000	<del></del>				710			1   YE\$ 2	□ NO		OF DEATH?
EXAMINER?  1 YES 2 NO  1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Nestidence 8 Other (Specify)  27. MANNER OF DEATH  1 Nestural 5 Pending Investigation 3 Suicide 4 Montkide 8 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, desth occurred at the time, data and place, and due to the cause(s) and manner as stated.  30. NAME AND ADDRESS OP PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  X I MOTHLY SOUNDLY AT WORK?  1 YES 2 NO  28a. DESCRIBE HOW INJURY OCCURED  28b. INDEX AT WORK?  1 YES 2 NO  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, Chy or Town,	25. WAS CASE REFERRED	TO MEDICAL					28 P	ACE OF D	FATH /C+	ack not a				
27. MANNER OF DEATH		-		E9/0-4			l:						-	
1   Return   2   Accident   3   Sulcide   4   Homicide   5   Pending Investigation   8   Could not be determined   28a. PLACE OF INJURY — At home, ferm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER   29b. SIGNATURE AND TITLE OF CERTIFIER   29b. DATE SIGNED (Namin), Day Well   29b. DATE SIGNED (Namin), DATE SIGNED (Namin), DATE SIGNED (Namin), DATE SIGNED (Namin), D			-						sidence	1		MITTER OF	OURCE	
29a. CERTIFIER (Check only one) 1 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  30b. SIGNATURE AND TITLE OF CERTIFIER  31c. LOCATION (Street and Number or Rural Route Number.  29c. CERTIFIER (Check only one) 29c. CERTIFIER 29c. CERTIFIER 29c. LICENSE HUMBER 29d. DATE SIGNED (Number.  2			(Month, D	lay, Year)			WC	PRK?	7 NO	200, 0230	NIDE NOW IF	130HT OC	COHED	
29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  20b. SIGNATURE AND ADDRESS OP PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)  20b. NAME AND ADDRESS OP PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)  20c. NAME FILED Magnity Day, 1867.  31. DATE FILED Magnity Day, 1867.  32. REGISTRAN'S SNOWNTHER.		Investigation	20 DI ACE O	E IN ILION AA I					J NO					
(Check only one)  2 MEDICAL EXAMINER: On the beet of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (North). Day West 2007.  30. NAME AND ADDRESS OP PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  1. Indian August 2007.  31. DATE FILED (Month) Day, 1867.  32. AGDS TRANS SIGNATURE (MONTH) Day, 1867.  32. AGDS TRANS SIGNATURE (MONTH) Day, 1867.  33. DATE FILED (Month) Day, 1867.  34. DATE FILED (Month) Day, 1867.  35. PAGESTRANS SIGNATURE (MONTH) Day, 1867.  36. DATE FILED (Month) Day, 1867.  37. DATE FILED (Month) Day, 1867.			building,	etc. (Specify)	ome, rerm, s	treet, racto	ory, offic	•		City o	TION (Street a r Town, State)	nd Numbe	r or Rural i	Route Number,
296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  296. DATE SIGNED (NAME). Day, Major 1  30. NAME AND ADDRESS OP PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  R. TIMOTHY SOUWLING, M.D. 1134 YOVK Rd., Ste. 101 Lutherville 21093  31. DATE FILED (MONTH) Day, Major 2  32. REGISTRAN'S SYNTATURE (1970)	(Check only													
30. NAME AND ADDRESS OP PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  E. TIMOTHY SOUWLING, M.D. 1134 YOVK Rd., Ste. 101 Luther VIIIe 21093  31. DATE FILED MONTHLY DOWN MAY DE 100 100 100 100 100 100 100 100 100 10				Xammonon and/or	investigation	ii, iii iiiy oj	pinion, c	Heatin occui	ed at the	time, data i	and place, and	dua to t	ne cause(i	a) and manner as stated.
E. Timothy Souweine, M.D. 1134 York Rd., Ste. 101 Luther VIIIe 21093  31. DATE FILED MANIE 24 92 32. JEGISTRADE OFFICE PORTURE NOTICE OF THE PROPERTY OF THE P	296. SIGNATURE AND TITLE	E OF CERTIFIE		u	m.	0		29c LICI	29	D3	2	29d, DAT	E SIGNED	2 S S
31. DATE FILED (MONTE) OF 1892 32. AGGISTRADE SYNDOWNE (1870)	30. NAME AND ADDRESS	PERSON W	10 COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)			0	-			-	170
NUV 24 92   galaxies	E. Timoth	ry Sou	weige,	M.D.	1134	YOV	KH	Rd,	Ste	.101	Luti	heri	lille	21093
NOV 24 92 DHMH-18 Roy 1/8	31. DATE FILED (Month) Do	92	32. REGISTRA	ha adinture l	lathress	16								
	NOV 24	92	4 "	ilidson-1	andels.									DHMH-18 Rev 1/89

the funeral director, page 5 should be

filled in by

detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN THE CHARLES BE SEEN GESTIVE OF ATTENDING PHYSICIAN THE CHARLES BE SEEN WITHIN 72 hours after death with the Same Dec. of Hearth Marital Hygiene p	Markey, P.O. B	require number death certificate	seement of the attending phys	of Health and Mental Hygiene p
	DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate hards	be filed within 72 hours after death with the State Dea

92 33762 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Moodrow Dowel 25 120 92 7. DATE OF BIRTH (Month, Day, Year)
July 1, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign North Carolina 236-26-0555 1 M 2 | F 79 1913 SC COUNTY OF DEATH Se. FACILITY NAME (If not institution, give street a Hay Harford Memoria DIRECTOR P 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford 1 YES 2 X NO Havre de Grace FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3601 Level Village Road 21078 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: BY 320XWidowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 0 Laborer Carpenter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles C. Dowell Josephine Cole notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Gerald D. Dowell 3601 Level Village Rd., Havre de Grace, MD 21078 pe 20s. METHOD OF DISPOSITION
1X Burlat 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Welcome Home Church Cemetery 11/28 Bel Air, Maryland 22. NAME AND ADDRESS OF FACILITY
Tarring-Cargo Funeral Home, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENS examiner Aberdeen, Maryland 21001-3399 M M medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final 華 disease or condition\_ ealus resulting in death) DUE TO (OR AS A CONSEQUENCE OF) or other traumatic CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury. PART/IL Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 1 YES 2 NO 1 | YES 2 | NO F 22 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) Is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 28 **MPORTANT: If Item** 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D140 0 6 2

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

lia Tavidson-Randelle

31. DATE FILED (Mogiff, Day,

BALTIMORE, MARYLAND 21215-0020

	TO BE ACHIDI ETER BY BUYER INTERIOR APPETITION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any "finjury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detach	TO THE FUNERAL DIRECTOR: After this certificate has been stirred by the attending physician and completely filled in by the funeral director, page 5 should be detach
r death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law required has been destribed to execute within 24 hours after death. Page 6 may be retained by the hos

31. DATE FILEO (Month, Day, Year) NOV 1 8 1992

32 REGISTRAR'S SIGNATURE

	1. DECEDENT'S NAME (First	, Middle, Last)				ICATE O			REG. NO			3. TIME OF DEATH
	Willa 1	Lucret	ia E	VANS					Nov. 17,	199	2 YEAR	5:00 P
	4. SOCIAL SECURITY NUMBER 578-24-397		5. SEX	6. AGE (In yrs. last birthday, 97 YRS.		IF UNDER 1 YEAR		MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	
	9a. FACILITY NAME (If not it	31		9b. CITY, TOW	N OR LOCAT	ON OF D	Dec. 1, 1		Mary INTY OF DE			
5	Garrett Cou	inty M	emorial I	Hospital			land				rrett	
5	RESIDENCE OF DEC	10b. COUNT		Tobpical						J Ga	riect	
noise in	MD	10b. COUNT	Garre	- +-	10c, CIT	Y, TOWN OR LO		land				10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER		Oarre				101. ZIP COO			T		1 YES 2 NO
	Rt. 3, Box 113						101. ZIF 000	215	50	log. Cr	US	HAT COUNTRY?
	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 SIF YES, GIVE WAR OR DATES					If yes,	PECENDENT ( apacity Cubi (ES 2)(NO	OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No—	14. RACE	- American Indian, White, etc.
		EDENT'S EDU				USUAL OCCUPA			16b. KIND OF BU	SINESS/IN	DUSTRY	WHILE
	Elementary/Secondary (I	y highest grade 1-12)	College (1-4 or 5	+)	e. Do NOT u	work done during se retired.) 2 Worke		•	US Navv	/Ele:	menta	ry Educati
ı	17. FATHER'S NAME (First, M	liddie, Last)							ME (First, Middle, Maiden			-,
	Mortimer	G.	Will:	iams				Eliz	abeth	Jane		Chisholm
	19a. INFORMANT'S NAME (			10	b. MAILING	ADDRESS (Street	and Number	or Rural	Route Number, City or Tow	n, State, Zi	p Code)	
	Charles P.		, Jr.		Rt.	3, Box	113,	Oakl	and, Maryl	and	2155	0
	20a. METHOD OF DISPOSITION 1 © Burisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Garrett Co. Mem. Gardens  20b. PLACE AND DATE Of DISPOSITION (Name of Commence of Comm											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Stewart Funeral Home											
	► Bron	Den A	- Deliga	IJ		32	S. Se	cond	St., oak			21550
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition									Approximate Interval Betwee Onset and Dear		
	resulting in death)  Respiratory arrest out to (on as a consequence of):								Sudden			
	Sequentially list conditions, If any leading to immediate  b. Right Prejumpia									Days		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events out to (or as a consequence or):								Years			
	resulting in death) LAS	' (	d									
	PART II. Other algnifica	nt condition	e contributing to	deeth but not	resulting	In the underly	Ing couse	given in	Part I. 24s. WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	Organi	Brai	n Syndro	ne					1 TYES 2			COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO	D MEDICAL				26.	PLACE OF D	EATH /Ch	eck naty and			
	EXAMINER?		HOSPITAL:	ER/Outpatient	DOA	OTHER:			8 Other (Specify)			
	X.	Pending	28a. DATE OF (Month, D	INJURY	28b. TIM	E OF 28c.	NJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OC	CURED	
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home building, atc. (Specify)								281. LOCATION (Street a City or Town, State)	and Numbe	r or Rural Ro	oute Number,
1	29a. CERTIFIER (Check only one)  2 DESCRIPTION OF The beat of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the beat of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
	(Check only											and manner as stated.
	(Check only	CAL EXAMINE	R: On the beals of a				, death occur		time, date and place, an	d dua to ti	he cause(a)	and manner as stated.  Month, Day, Year)

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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR					MENTA	L HYGIEN REG. NO	E	33	164
	1. DECEDENT'S NAME (First, Middle, Last)	Lee E	0910						2. DATE	E OF DEATH		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212 - 485 504	5. SEX	6. AGE (In yrs. Is		MONTHS		HOURS	R 24 HRS.	(Mon 2 -	of BIRTH th, Day, Year) 3-48	S	OME1	Set Pa.
DIRECTOR	RESIDENCE OF DECEDENT	ty Gen	Hos	ρ			OR LOCATI			ns	Carr	Oll	Н
						nchester					[	1	d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	4240 Hanover	Pike				10	r. ZIP COD	211	.02		-	.S.A	COUNTRY?
ВУ	11. MARITAL STATUS  1 ☐ Never Merried 2 ☑ Merried  3 ☐ Wildowed 4 ☐ Divorced  12. WAS DECEDENT EVER IN U.S. ARMIF FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES				13	If yes, sp	CENDENT (Decity Cube	en, Maxica	n, Puerto	N? (Specify Yer Rican, etc.)	or No- 1	Black, W	American Indian, This, etc. White
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	·) //	ECEDENT'S Give kind of w le. Do NOT us HOUSE	vork done e retired.	during m	ON ost of worki	ing	184	b. KIND OF BU	SINESS/INDU	STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Roy C. Chapma	ın								Middle, Melden		rth	
5											21102		
	20e. METHOD OF DISPOSITION 1		cemetery, cr	AND DATE C	F DISPO	SITION (N	ame of		DAT	TE 20c. LO	CATION — CI	ty or Town,	State
	Evergreen Memorial 11/27 Finksburg, Md.  21. SIONATURE OF FUNERAL SERVICE LICENSEE  Warry F. Fletcher & Son F. H.  254 E. Main St. Westminster, Md. 2115												
	23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceu	ise on sach lin	le.	ot ente	r the mo	ode of dy	ing, suci	h aa car	diac or reap	ratory arre	nt,	Approximata Interval Between Onset and Death
NOI	disease or condition a. Carcino wa of longress  But TO (OR AS A CONSEQUENCE OF):  Compared to long to												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSE	EOUENCE OF	):								
MEDICAL CI	PART II. Other algnificant condition	a contributing to	death but not	resulting i	n the u	inderlyln	g ceuse (	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN: A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Che	ock only o	ne)			
YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL:					10 8 □ Re	esidence	6 🗆 Othe	er (Specify)			
ву рн	27. MANNER OF OEATH  1 Action 5 Pending 2 Accident Investigation	28a, DATE OF (Month, D	injury ey, Year)	285. TIME	OF URY M	WC	IURY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm, s	treet, fac	ctory, offic	•		26f, LOC City	CATION (Street a or Town, State)	and Number or	Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 14 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of si	my knowledge, d	eath occurre	of at the	time, date	and place	, and due	to the ca	use(s) and mer	ner as stated	cause(s) en	d manner on stated
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICE	ENSE NUM	IBER				orth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHI		SE OF OFATH OTE	M 27) /X==	Oriet)		-	. / 0	77		- (1)	24/	72

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Carroll

32. REGISTRAR'S SIGNATURE

Gen

6058. Westminste.

County

RAJESH

31. DATE FILED (Month, Day, NOV 2 4 92

MD.

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Leel)  JUNE E		EDEDTIO			2. DATE OF DEATH MONTH D		3. TIME OF DEATH				
		LEEN '	EBERIUS		1	November		1:30 PM				
Н	4. SOCIAL SECURITY NUMBER 212-32-9952	1 □ M 2√G/F 57	(In yrs. lest birthday) YRS.	F UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 3, 19	Cou	THPLACE (State or Foreign orty)  nsylvania				
OR	9a. FACILITY NAME (If not institution, give str 2317 Reckord Ro			ы. ату, томы а Борра	DR LOCATION OF DE	EATH	sc. county of Harf					
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
DIRECTOR	Maryland H	arford	10c. CITY,	Joph Corr				10d. INSIDE CITY LIMITS?  1 YES 2 NO				
FUNERAL	104. STREET AND NUMBER 2317 Reckord	Road		101	21085	-	10g. CITIZEN OF	WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	22 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	Spe	CE — American Indian, ck, White, etc. cdy:				
ETED	15. DECEDENT'S EDUC		16a. DECEDENT'S U	SUAL OCCUPATION	OH	16b. KIND OF BU	SINESS/INDUSTRY					
립	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	lile. Do NOT use Secret		st or working	Publi	mber, City or Yown, State, Zio Code)					
E COMPL	17. FATHER'S, NAME (First, Middle, Last) Melvin Cyrus I	Hershberger			18. MOTHER'S NA Eliza	Public Schools  ME (First, Middle, Melden Surneme), beth Ann Peden  Jouen Number, City or Town, State, Zip Code)  Joppa, Md. 21085						
TO B	190. INFORMANT'S NAME (Typo/Print) William M. Eberius	5	19b. MAILING A 2317 R	eckord	nd Number or Rural Road,	Poute Number, City or Tow Joppa,	n, State, Zip Code) Md. 2108	35				
	20a. METHOD OF DISPOSITION 1 Specific Communication 1 Specific Communication 2 Specify 4 Donation 6 Other (Specify)	val from State CO	o. PLACE AND DATE OF metery, crematory or oth Oak Lawn	er place)			cation — city or Baltimon					
	21. SIGNATURE OF FUNERAL SERVICE LIGHT			HOWAY	D ADDRESS OF FA		uneral B	Home, P.A.				
EDICAL CERTIFICATION TO BE COM	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
빙	d											
W	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO											
YSICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)						
SICIAN:	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out		OTHER:	4							
PHY	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe				261. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,				
O BE COMPLET		CIAN: To the bast of my known: On the basis of examination	n and/or investigation	In my opinion d	anth manuscript at the	diese data and aless are	4 4	(a) and manner as stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1.0			DIGSE NUI	WBER 7	≥ W/7	5 Az				
-	Paul Chang, m	COMPLETED CAUSE OF DI	eath litem 27) (Typo, F th Ravan B	Wed, 5	te 107,	Boltimore	, MO 21	239				
	NOV 27 '92	32. REGISTRAR'S SIGN	Laurdson-Ran	dalla								

that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

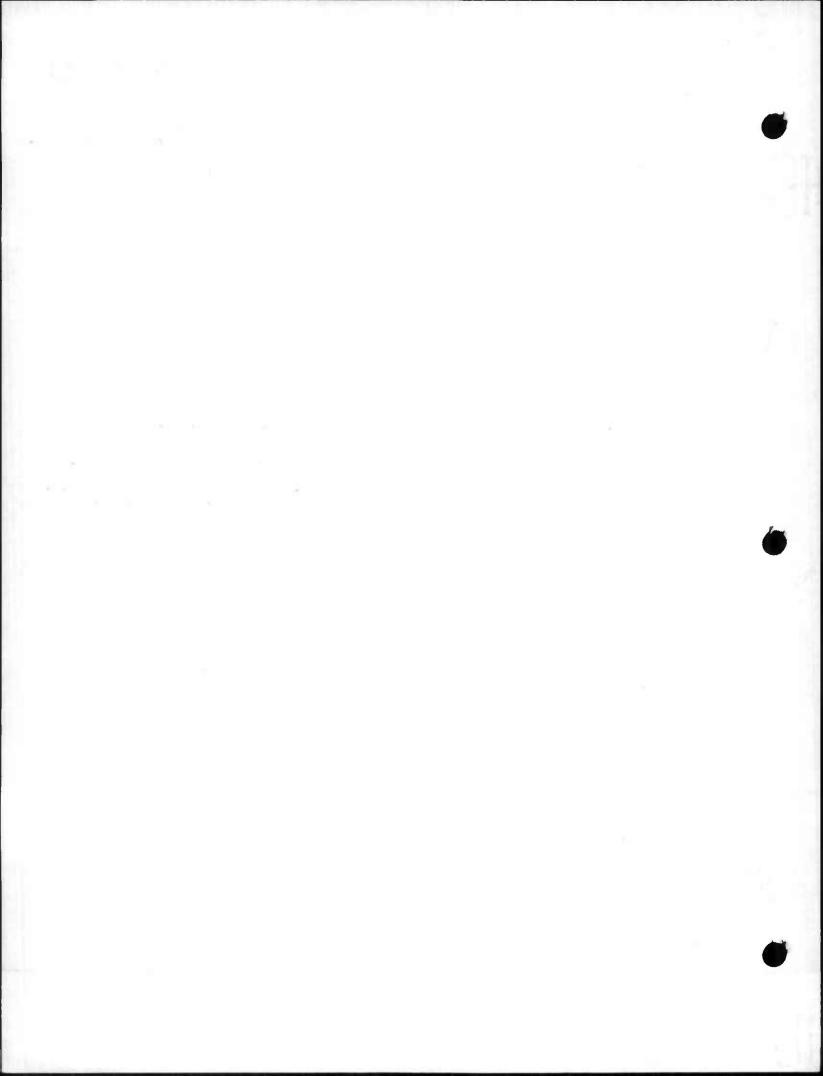
The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the manual hypiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL PECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The inventories that the desert certific TO THE FUNEXAL DIRECTORY After this certificate has been extending the filed within 72 hours after death with the State Cat of Hauth and Merest Hypione HMPORTANT: If item 28 is marked, or item 23 from any injury, or other

DHMH-15 Rev 1/89



ECORDS.	equirement the dear	on signed burns after
DIVISION OF VITAL BECORDS	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law pour term in the street	THE FUNERAL DIRECTOR: After this certificate has a
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STATE OF MARYLAND / DEPARTMENT OF HEAD	LTH AND	MENTAL	HYGIENE
CERTIFICATE OF DE			REG. NO.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.										
	1. DECEDENT'S NAME (First, MIDDIR, Last) Edward	Austin ESTER	LY			2. DATE OF DEATH OCT. 29,		3. TIME OF DEATH 5:01 PM M		
	4. SOCIAL SECURITY NUMBER 214-10-2968	1 📉 M 2 🗆 F	(In yrs. lest birthday) 91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 6,		BIRTHPLACE (State or Foreign Country) Maryland		
E .	90. FACILITY NAME (II not Institution, give Meridian Nursi				ederick	PEATH 9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT						PL	ederick		
DIRE		ederick	10c. CITY	Freder				10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
RAL	10e. STREET AND NUMBER				ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?			
FUNERAL	634 Grant Place	12. WAS DECEDENT EVER	N U.S. ARMED	13 WAS DEC	2170	NIC ORIGIN? (Specify Y	- No. No. 1	U.S.A.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1   YES	2 XNO	If yes, sp	ecity Cuban, Maxic	en, Puerto Rican, atc.)	14 or No	RACE — American Indian, Black, White, atc. SpecWhite		
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S U	USUAL OCCUPATION done during monotoried.)	ON st of working	16b. KIND OF B	USINESS/INDUS	STRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Coremak			Frederi	ick Tro	n & Steel		
S	17. FATNER'S NAME (First, Middle, Last)  George T.	ECHEDI M			AME (First, Middle, Maide	n Sumame)				
BE	George T.	ESTERLY	10h MAII INC	ADDRESS (C)	Hester	M. Route Number, City or To	TITI			
2	Donald H. Hiltner	r, Sr						rland 21701		
	20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rem	coval from State 201	PLACEANDDATED	E DISPOSITION /No	me of	DATE 20c. L	OCATION — CIT	y or Town, Stata		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	netery, cremetory or oth Mount Oliv	vet Ceme	etery  ADDRESS OF FA	11/2/92 I	rederi	ck, Maryland		
Ц	*Kath hypor k	Hersen	M00706	Keene 106 E	y and Ba East Chu	sford P.A	rederi	ck. Md. 21701		
		complicatione that cause List only one cause on a	d the deeth. Do no each line.	ot enter the mo	de of dying, suc	ch as cardiec or res	oiratory srres	t, Approximate interval Between		
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Onset end Death  Onset end Death									
N	- Constine H. I file.									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING									
TIFIC	CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:						
CER		d								
SAL	PART ii. Other significant condition	s contributing to deeth b	out not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
EDIC	- Mohame 1	it-itind	mulij.	- 63		1 🗆 YES	2 NO	COMPLETION OF CAUSE OF DEATH?		
N:								1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
HYS	1 VES 2 NO.	1 Inpatient 2 ER/Outs 28e. OATE OF INJURY	28b. TIME	OF 28c, INJU		6 Other (Specify) 28d. OESCRIBE HOW	IN ILIEN OCCUE	IFO.		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY WOF		Edd. GEGONIDE 11011	INDON'I OCCUR	ieb		
	3 Suicide 6 Could not be determined	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, term, street, factory, office						Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the besis of examination	ledge, death occurred	at the time, data	and place, and due	to the cause(a) and me time, data and place, a	nner se stated.	suse(s) and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			GNED (Month, Day, Year)		
TO B	30. NAME AND A CORESS OF PERSON WHO	COMPLETED SHIPE			D09689	9	<b>&gt;</b>	0 31/45		
	A. Austin Pearre,	Jr, MD, 310	West Nir		et, Fred	derick, Ma	ryland	21701		
	31. DATE FILED Magnith, Day, 1992	32. REGISTRAR'S SIGN	and the	4						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1 - FOR STATE REGISTRAR			RIMENT OF		MENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Leel ROBERT	792	3. TIME OF DEATH								
	4. SOCIAL SECURITY NUMBER 225-28-6515	5. SEX 6. AG	E (In yrs. last birthday) YRS.	MONTHS DAYS	HOURS MIN	Miles Mr. March	1908	BIRTHPLACE (State or Foreign Country Virginia			
OR	Page FACILITY NAME (If not institution, give street and number)  Frederick Memorial Hospital  Ph. CITY, TOWN OR LOCATION OF DEATH Frederick  9c. COUNTY OF DEATH Frederick										
DIRECTOR	Maryland	10c. Cr1	Y, TOWN OR LOCA	Adamsto	own	m					
	10e. STREET AND NUMBER 5393 George St:	reet		10	or. ZIP CODE	1710	10g. CITIZEN O				
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DE	les or No— 14	or No— 14. RACE — American Indian, Black, White, etc.  Specify Whit te					
COMPLETED	15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	UCATION de completed)  College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupati work done during m se retired.)	ator	Montg Depart	gomery County thent of Transportation				
BE CC	James Oscar Gra	ham				NAME (First, Middle, Maide attie Orris					
10	Mrs. Lucille Man	n Graham	5393	George	Street,	Adams town,	Mary I	and 21710			
	20a, METHOD OF DISPOSITION 1 Digurial 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF MERAL SERVICE L	moval from Stata Un	ob. PLACE AND DATE emelery, cremetory or a 1.0n Ceme t	22. NAME A	Oct ND ADDRESS OF eney and	FACILITY d Basford F	Love	ttsville, Va. uneral Home rick, Marylan			
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS C. OUE TO (OR AS d. OUE TO (OR AS	A CONSEQUENCE O	me V	low	stur Sy	ndun	Interval Between Onset and Dest			
N: MEDICAL	PART II. Other eignificant condition		but not resulting		g cause given		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	stpatient 3 DOA	OTHER:	LACE OF DEATH	(Check only one)					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	/ 28b. TIN	IE OF 28c, IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28a, PLACE OF INJUI	RY — At home, ferm, secify)			28I. LOCATION (Stree City or Town, State	t and Number or	Rural Route Number,			
COMPLET		SICIAN: To the best of my kno						auto(s) and manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFI	Vyarell	omo		29c. LICENSE N	SYY	29d. DATE 9	IGNED (Month, Day, Year)			
		arello, M.D.	, 310 Wes	st Ninth	Street	, Frederick	, Md.	21701			
	31. DATE FILED (Month, Day, Year) OCT 2 & 1992	32. REGISTRAR'S SIG									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

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32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

31. DATE FILEO (Morrith, Day, Year)
NOV 2.3 '92

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y be retained by	90e	
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prtificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	bhysician and completely filled in by the funeral director, page 5 should be detached for use a e prior to burial, cremation, or removal.	
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		FOR		STATE OF N	MARYL	AND /	DEPAR	TMENT	NE H	FAITH	AND N	IFNTAI	HAGIENI	2	)	33768
		1 - STATE REGISTRAR								DEAT		ILITIA	REG. NO.			
	- 8	1. DECEDENT'S NAME (First, Midd										2. DATE	OF DEATH	YY	EAR	3. TIME OF DEATH
		John - Higgins, Jr.  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR   IF UNDER 24 HIS.										Nov				6:00P M
		196-18-8744	- 1	5. SEX 1 ☑ M 2 ☐ F	6. AGE (		YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	MIN.	(Month	OF BIRTH		Country	
pino	H	9a. FACILITY NAME (If not instituti				67	1110.	Oh CITY	TOWN C	NO LOCATI	ON OF DEA		29-192			NC
3 should	E	108 McSpa			30. 011				de Grace   Sc. county of Death							
7.	RECTOR	RESIDENCE OF DECED								de drace   Harr			arr	JIU		
Pages	DIRE		COUNTY	. f J			10c. CIT	Y, TOWN C								10d, INSIDE CITY LIMITS?
physician. burial-transit permit. Pages 1, 2,												Ma CYTIZEI	N OF W	1 X YES 2 NO		
ag st	FUNERAL	108 McSpac	lden	Drive					100	. Zir CODI	2107	' Q		rog. Crrizei	TOPH	USA
sician. ial-trar	5	11. MARITAL STATUS		12. WAS DECEDEN							F HISPANI	C ORIGIN	17 (Specify Yes	or No.— 14	. RACE	- American Indian,
fing phy the burn	BY F	1 Never Married 2 Marri 3 Widowed 4 Divorced	ed	FORCES? 1 IF YES, GIVE W	AR OR DA	ATES	0				n, Mexican Specify:		Rican, etc.)		Black Specif	i, White, etc. ly:
2 S		15. DECEDEN	T'S EDUCA		WII			USUAL O	-			1				White
	ETED.	(Specify only high Elementary/Secondary (0-12)	est grade co	College (1-4 or 5 +	,	(GA	ve kind of a Do NOT us	work done	during mos	st of working	9	160.	KIND OF BUS	INESS/INDUS	THY	
spital hed fo	필	10		Conege (1-4 or 5 +	'	Cor	ıstrı	etio	n Er	ngine	eer		Federa	l Gove	ern	ment
the hospital or detached for u	COMPL	17. FATHER'S NAME (First, Middle,										_	Viddle, Maiden S			
# 8 € €	BE (	John A. I		ns, Sr.							Clar	Clara Mae Wagner				
5 should notified	5	19a. INFORMANT'S NAME (Type/P		•									per, City or Town			
y be n		Mrs. Beatrice Higgins 108 McSpadden Dr., Havre de Grace, MD 21078  209. METHOD OF DISPOSITION DATE OF DISPOSITION (Name of Date of Town, State)														
e 6 may ector, pa must b		1 & Burtel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Sparta Cemetery 11/25 Sparta, NC												un, State		
Page al direc		21. SIGNATURE OF FUNERAL SEE		NSEE		opar	ta C	22.	NAME AN	IME AND ADDRESS OF FACILITY						
ter death. Page 6 may be the funeral director, page wal.		►W.00.00	2	2	SH-									l Home, P.A. 21078-3197		
E PE		23. PART I. Enter the disease	ea, or co	mplications that	caused	the dea	nth. Do r	not enter	the mo	de of dyl	Gra	ce,	NID fiac or respir	21078- atom arrest	-31	Approximate
hours led in t , or rei		shock, or heart IMMEDIATE CAUSE (Final	failure. Li	st only one cau	se on e	ach line.			1	01	// ,	. ,	/ _	Interval Between		
within 24 mpletely fille cremation, vent, the		disease or condition resulting in death)	a.	Aun	10	M	100	ca	d	al	/ n	-se	rel	us		i
B 0 = 0			1	DUE TO	ION KS A	CONSEC	MENCE OF	7)				0				
at par	ERTIFICATION	Sequentially list conditions,	<b>(</b> *	DUE TO	OR AS A	CONSEQ	WHICE OF	n -7	-	_	-6		- ,			
2 5 5 A	CAT	If any, leading to immediate cause. Enter UNDERLYING	Į.	Cd	100	the	X 1	ml	u	0/	21	lu	dsi	0		
certificate ding physic lygiene pri r other tr	Ē	CAUSE (Disease or Injury that initiated events	) .	DUE TO	(Off AS A	CONSEQ	UENCE O	7:	1	-						
ath critical at Hy		resulting in death) LAST	d.													
the and the and the and	AL C	PART II. Other aignificant co	onditions	contributing to	death b	ut not re	suiting	in the un	derlying	cause ç	given in F	Part I.	24s. WAS AN A		24b.	WERE AUTOPSY FINDINGS
M M	MEDICAL											_	PERFORM			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
of Hows	ME											_				1 TES 2 NO
W 25 ES	Ä															
N: The ficate State	PHYSICIAN:	25. WAS CASE REFERRED TO MEI EXAMINER? 1 YES 2 NO	1	HOSPITAL:		-00-0		OTHER	R:		EATH (Chec					
SICIAN: The certificate the State	НХ	27. MANNER OF OEATH		28a. DATE OF		ationt 3	28b, TIM		28c. INJ		sidence 6		(Specify)	TIMEN OCCUR	REO.	
ATTENDING PHYSICIAN: The CTOR: After this certificate the s after death with the State to 28 is marked, or item	ВУ Р	1 Natural 5 Pendi 2 Accident Invest	ng leation	(Month, Di	sy, Ybar)		INI	URY	WO	RK? 'ES 2 [						
R: After Br death	ED B	3 Suicide 6 Could		28e. PLACE Of building,	F INJURY etc. (Spec	— At hon	ne, farm, a	treet, fact	ory, office			28f. LOC	ATION (Street ar	nd Number or	Rurei R	oute Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETE		nined													
AL OR A AL DIREC 72 hours 1f item	AP.			AN: To the best of												
HOSPITAL FUNERAL within 72 h	COMPLET	2 January	-	On the beals of ex	Amenation	and/or in	rvestigatio	n, in my o	pinion, de	with occur	ed at the ti	lme, data	and place, and	due to the c	ause(s)	and manner as stated.
표 보 를 연	BE	266. SIGNATURE AND TITLE OF	ENTIFIER	0.	4	7-		1		29c. LICE	NSE NUM	DER CY	2 1			(Month, Day, Year)
₽₽₩.	2	30. NAME AND ADDRESS OF PER	SDN WHO	COMPLETED CANA	E OF/OR	KTH OTEN	27) (Non	Frinci		1/	7	110		No	v.	23, 1992

Inchity the requires that the death certificate be executed within 24 hours after pearly range of the interpretation of completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PRISIDA TO THE FUNERAL DIRECTOR After ma, cert be filed within 72 hours after death with the IMPORTANT. If them 26 is marked, or

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1		Tony Gar	rland	Hicks		2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH		
	TONY  4. SOCIAL SECURITY NUMBER  5	. SEX 6. AGE	(In yrs. last birthdey)	HICKS		11 21	1992	3:10 A <sup>M</sup>		
		⊠ M 2 □ F 21	(m yrs. mist oirtnoey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)	Cou	ITHPLACE (State or Foreign intry)		
	212-06-4920 1 9a. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN C	R LOCATION OF DE	July 17,1	9c. COUNTY OF	irginia		
5				BALTIM				-		
5	MARYLAND SHOCK RESIDENCE OF DECEDENT									
DIRECTOR	Maryland Harf		10d. INSIDE CITY LIMITS?							
	100. STREET AND NUMBER	1 YES 2X NO								
ERA	364 Trimble Road		SA							
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No										
BY F	1 1 24 marin marino 2 marino									
	m 3 Widowed 4 Divorced									
ETE	(Specify only highest grade cor	npieted) College (1-4 or 5+)		work done during mo.		16b. KIND OF BUS	INESS/INDUSTRY			
IPL	9	conege (I-4 or 5+)	Carpe	nter		Const	ruction			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Majden :	Surname)			
BE (	Clarence Neville	Hicks								
10	19a. INFORMANT'S NAME (Type/Print)		36/1 TD	ADDRESS (Street a	nd Number or Rural	Ploute Number, City or Town	, State, Zip Code) 085			
	Gary N. Hicks	1				_				
	5 ☐ Burial 2 ☐ Cremation 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)	from State cen	netery, crematory or o	therplace) Ceme	terv 11		mherst	County, Va.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		DC. Idd	22. NAME AN	D ADDRESS OF FA	CILITY				
	Bernand Ki	M Dans	- 1111					Home, P.A.		
	23. PART I. Enter the diseases, or con	nplications that cause	d the death. Do	1317	Cokesbu	ry Road, A	bingdon	Approximate		
	shock, or heart failure. Lis IMMEDIATE CAUSE (Final	t only one cause on e	ach line.				,,	Interval Between Onset and Death		
		MUMP	LOTAN	1. 3				Onest and Death		
	resulting in death) P a	DUE TO (OR AS	CONSEQUENCE O	F):						
Z	Sequentially list conditions, b									
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):						
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	F):						
CERTIFICATION	resulting in death) LAST									
1	PART II. Other algnificant conditions of	contributing to death b	out not resulting	in the underlying	cause alven in	Part I, 24e. WAS AN	umpey	4b. WERE AUTOPSY FINDINGS		
CAL		-	•			PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						1 VES 2	□ NO	OF DEATH?		
2								70 120 20 110		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:			ACE OF DEATH (Ch	eck only one)				
YSI	1 XYES 2 NG 1	N Inpetient 2 ☐ ER/Outs	patient 3 🗆 DOA	OTHER: 4 - Nursing Hom	5 - Residence	6 Other (Specify)				
표	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		URY WO	RK? V	28d. DESCRIBE HOW IN				
B	1 Accident Investigation	11-21-19			ES 2 1 10	DRIVER I				
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	ROAD	street, factory, office		28f, LOCATION (Street a City or Town, State)		MD		
	29a. CERTIFIER	N. T. A. I. I. I.		Welling Service	Z. 25 T 705	7000 BLK		INE RD. BALTO		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know On the basis of examinatio						e(s) and manner as stated.		
	29b. INCHATURE AND TITLE OF CERTIFIER	16		, ., ., ., .,	29c. LICENSE NUI			ED (Month, Day, Year)		
8	Waylos M. C	Kull								
유	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE			O.C.M.			2-1992		
	MONGOMO D - 1	32. REGISTRAR'S SIGN	ATURE		reet, E	Baltimore	, Mary	land 21201		
	NOV 23 '92	Julia Davi	doon-Aande	02						

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The line mounts that the described within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been a second or physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dect. The page 1 physician physician completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dect. The page 1 physician physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	YSICIAN: The Law inquires that the describedate be executed within so certificate has been applied to the State Decit. The executed hypere prior to burial, cremain the State Decit.	IMPORTANT: If Item 28 is marked, or item 23 showmen fajury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with within 72 hours after death with the filed within 72 hours after death with	IMPORTANT: If Item 28 is marke

	1 - FOR STATE OF REGISTRAR		DEPARTMEN			MENTAL HYGIENE REG. NO.	92	33110				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
	FREDE	RICK EDWA	RD HARRI	SON		10 28		10:30 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last	77	1	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	PLACE (State or Foreign				
1	212-32-2759 18 1201	84	YRS. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 3-28-1908	Count Ma	w ryland				
	9a. FACILITY NAME (If not institution, give street and number)	0-7	9b. CIT	Y, TOWN OR	LOCATION OF DE		9c. COUNTY OF E					
E E	S. COUNT OF SEATH											
DIRECTOR	Homewood Retirement Center Frederick Frederic											
3	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATIO	N			10d. INSIDE CITY				
<u>=</u>	Maryland Frederick		Frederi	ck				LIMITS?				
AL	10e. STREET AND NUMBER				OP CODE		10g. CITIZEN OF					
FUNERAL	1802 Lawnview Drive			2	1702	U.S.A.						
5	11, MARITAL STATUS 12. WAS DECED	ENT EVER IN U.S. ARE	MED 13	. WAS DECEN	DENT OF HISPAN	IC ORIGIN? (Specify Yes	or No.— 14. RAC	E — American Indian				
Y	1 Never Married 2 Married FORCES?	1 YES 2 N	°		Ify Cuban, Mexican NO Specify	n, Puerto Rican, etc.)	Spec	k, White, etc.				
ВУ	3 Wildowed 4 Divorced				A) opto)			White				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		EDENT'S USUAL (			16b, KIND OF BUSI	NESS/INDUSTRY					
Ш	Elementary/Secondary (0-12) College (1-4 or	Man	Do NOT use retired.	)	or worning			6.85				
N N	12 years	Sur	pervisor			Gas Con	npany					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				IS. MOTHER'S NAI	ME (First, Middle, Malden S	umeme)					
BE	Thomas Albert Harrison				Floren	ce Amanda I	eatherw	hoo				
TO E	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILINO ADDRES	SS (Street and		loute Number, City or Town,						
F	Mrs. Bernice Williams	50	008 Rugh	v Ave	nue. Bei	thesda, Mar	ryland 2	0814				
	20a. METHOD OF DISPOSITION	20b. PLACEA	ND DATE OF DISPO	SITION (Name			ATION — City or To					
	1 🔂 Burial 2 🗆 Cremation 3 🗆 Removal from State 4 🗎 Donation 5 🗆 Other (Specify)	Mount	natory or other place Olivet	Camat	0.27	10/30 Fred		A VIII				
	21. SIGNATURE OF EUNERAL SERVICE LICENSEE	THOUSE			ADDRESS OF FAC	HUTY JOI ITEC	ielick,	Maryland				
	*(D/40(1/s	AIII	R	OBERT	E. DAI	LEY & SON I	UNERAL	HOMES, P.A.				
	mant coke	Vui.	1	201 N	ORTH MAI	RKET ST. FE	REDERICK	MD 21701				
	23. PART i. Entar the diseases, or complications ahock, or haert fellure. List only one complications	suse on each line.	etn. Do not ente	r the mode	of dying, such	ee cardiec or reepira	story errest,	Approximate interval Between				
	IMMEDIATE CAUSE (Finel											
	disease or condition resulting in deeth)  s. Due TO (OR AS A CONSCOUENCE OF):											
	DUE '	O (OR AS A CONSEO	UENCE OF):		/	0						
8	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly liet conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
F	If sny, leading to immediate ceuse. Enter UNDERLYING	O (OH AS A CONSECU	UENCE OF):									
윤	CAUSE (Disesse or injury	O (OR AS A CONSECU	HENCE OF									
Ē	that initiated events resulting in death) LAST	O (OII AS A CONSECU	DENGE OF J.									
CERTIFICATION	d											
AL	PART II. Other significent conditions contributing	to deeth but not re	sulting in the u	nderlying o	euse given in i	Part I. 24a. WAS AN A		WERE AUTOPSY FINDINGS				
3	mansient ische	mic 1	TUAR	kn		PERFORM  1 YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE				
Ä						_		OF DEATH?				
5						_		1 YES 2 NO				
PHYSICIAN: MEDIC.	25. WAS CASE REFERRED TO MEDICAL			26. PLAC	E OF DEATH (Che	ck only one)						
S	EXAMINER?  1 YES 2 NO 1 Inpution 2	☐ ER/Outpetient 3 (	DOA A POR		6 - Paridage 4	3 Other (Specify)						
Ŧ	27. MANNER OF BEATH 28a. DATE	OF INJURY	26b. TIME OF	28c. INJUR		28d. DESCRIBE HOW IN.	IURY OCCURED					
	1 Natural 5 Pending	Day, Year)	INJURY	t VES	? 3 2 NO		2000-00-00-00-00-00-00-00-00-00-00-00-00	1				
Э ВУ	3 Suicide 20014 and by 280. PLACE	OF INJURY — At hom	ne, farm, street, fac	tory, office		26f. LOCATION (Street an	d Number or Rural F	loute Number.				
COMPLETED	4 Homicide determined	g, etc. (Specify)				City or Town, State)						
۳	29a. CERTIFIER	of my knowledge, deal				G8 7						
Z	(Check only one)  29a. CERTIFYING PHYSICIAN: To the bast one)  2											
8				opinion, degl	W occurso at the t							
BE	206. SIGNATURE AMERITALE OF CERTIFIED	111	TM7	2	9c. LICENSE NUM	BER	29d. DATE SIGNED	(Mogth, Day, Your)				
2	MA MANON	un	-1/		1155	185	10/	28/92				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM	27) (Type, Print)				/	/				
	Ali James Arrockteh MD	00 West N	Winth St	reet	Frederio	k, Marylan	d 21701					
	31. DATE FILED (Month, Date man)	RAR'S SIGNATURE					SALKA					
	0010 0 1002 70001											

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1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEDENT'S NAME (First, Middle, Last)     SOCIAL SECURITY NUMBER											
4. SOCIAL SECURITY NUMBER	EUDOI	A MACET	ED 171	E 12 A 1111	ED		2. DATE OF DE	DAY			
TO COURT OF COURT ! ! ! COMPET!	5. SEX	8. AGE (In yrs. les		IF UNDER		er ramen av rian	7. DATE OF BI	25			
216-14-6563	1 🗆 M 2 🔀 F		6 YRS.	MONTHS	DAYS	HOURS MHN.	(Month, Day, 1-31-	Year)	Coun	try)	
Sa. FACILITY NAME (If not institution, give a	street and number)			9b. CITY,	TOWN 0	R LOCATION DF D					
Homewood Retire	ment Cent	ter		Fre	der	ick		1	Freder	ick	
RESIDENCE OF DECEDENT											
Maryland Fred	v erick		10c. CITY, TOWN OR LOCATION Frederick							10d. INSIDE CITY LIMITS7	
31 West Patrick		Lrement									
11. MARITAL STATUS		7 57/50 W 110 10			_	21701			U.S.A.		
1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	NO NO	13. V	yes, spe	ENDENT OF HISPA selfy Cuban, Maxic	NIC ORIGIN? (Spe In, Puerto Rican,	elfy Yes or No etc.)	- 14. RAC Blac	E — American Indian, ik, Whita, etc.	
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	☐ YES	2 NO Specif	y:		Spe	White	
15. DECEDENT'S EDU		16a. DE	a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF						1 S/INDUSTRY	WILLE	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Hin.	ive kind of a Do NOT us	work done d retired.)	uring mos	st of working					
12 years		egie	tered	Nin	rse	6					
17. FATHER'S NAME (First, Middle, Last)	CETS	CELEU	. IVU		ME (Elea) Alichet-	Country)  Virginia  9c. COUNTY OF DEATH Frederick  10d. INSIDE CITY LIMITS7 MX YES 2 □ NO  10g. CITIZEN OF WHAT COUNTRY?  U.S.A.  Sity Yes or No- 14. RACE — American Indian, Black, Whita, etc. Specify: White  OF BUSINESS/INDUSTRY  Maiden Surmame)  ilton or Town, State, Zip Code) atOWne, MD 21085 10c. LOCATION — City or Town, Stata Frederick, Maryland  ON FUNERAL HOMES, P.A. FREDERICK, MD 21701 reepiratory arrest, Approximate Interval Between Onset and Death					
Hugh D. Mactier							(ref				
19a. INFORMANT'S NAME (Type/Print)	400	MAN INC	ADDRESS	/Day -4		eth Ham					
	D: 1								.,,		
Mrs. Elizabeth M	. Dierker										
20a. METHOD OF DISPOSITION 1   ↑ Burlal 2   ☐ Cremation 3  ☐ Ram	oval from Stata	cemetery, cre	matan, or a	there mineral			1				
4 Donation 5 Other (Specify)	-	Mt. 0	live	t Cem	Cemetery 10/29 Frederick, Ma						
21. SIGNATURE OF FÜBERAL SERVICE LIE	EPOPET O	1 . /		22. N	22. NAME AND ADDRESS OF FACILITY ROBERT E. DAILEY & SON FUNERAL HOMES, P						
1 Solosto	XXIV	My									
disease or condition resulting in desth)  e.											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE DF):  DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algnificent condition	deeth but not r	ot resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOP PERFORMED?  1 □ YES 2 □ 466									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000					ACE OF DEATH (Ch	eck only one)				
1 YES 2 ANO	HOSPITAL:	ER/Ouipatient 3	□ DOA	OTHER		5 🗆 Residence	8 Other (Spec	(fv)			
27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	20d. DESCRIBE		OCCURED		
1 Netural 5 Pending	(Month, D.	my, rear)	INJ	URY M	1 Y						
2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE O	F INJURY — At he	me, ferm.	treet, facto			281, LOCATION	(Street and No.	mher or Print	Anuta Number	
4 Homicide 6 Could not be determined	building,	atc. (Specify)		street, factory, office  281. LOCATION (Street and Number or Rural Route Number City or Town, State)					TOWNS THEIR POST,		
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
			. 29c. LICENSE NUMBER								
	1	n I						29d.	DATE SIGNED	(Month, Day, Year)	
one) 2 MEDICAL EXAMINE	· Smil	1	1	O		and the latest and th	587	29d.	DATE SIGNED	(Month, Day, Year)	

the death cuttificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The attending physician and completely filled in by the toward director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be that hypere price to burial, cremation, or immost BALTIMORE, MARYLAND 21215-0020

DS, P.O. BOX 68760 DIVISION OF VITAL

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The Living Commontained by concluded within 24 four and court form. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has earn again of the attending process and completely filled in this court death with the State Direction of the Common that the Common the Common that the Co

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burial-transit executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 filled in by the funeral director, page 5 should be detached for use as the lon, or removal. at once. notified 2 examiner must medical and completely fille burial, cremation, the event, RECORDS, P.O. BOX 68760, other traumatic prior to signed by the attending physician health and Mental Hygiene prior to law requires that the death certificate be 6 Injury.

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HOSPITAL OR ATTENDAGE FUNERAL DIRECTOR: Annual within 72 hours after death

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DIVISION OF VITAL

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Helen Madeline LEWIS 11 16 1992 5:00 a M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
Nov. 5, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 VXF 79 Pennsylvania 165-54-9192 1913 Sa. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Rt. 5, Box 2648 DIRECTOR Oakland Garrett RESIDENCE OF DECEDENT 10a, STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Garrett MD Oakland 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Rt. 5, Box 2648 21550 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or if yea, specify Cuban, Maxican, Puarto Rican, stc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Bleck, White, etc. 1 Never Married 2 Married BY 3 🔃 Widowed 4 🗌 Divorced White COMPLETED 16. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Coffege (1-4 or 8+) Home llth Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Messick Augusta Heath John BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21550 Betty L. McDonald Rt. 5, Box 2632, Oakland, Maryland 20a. METHOD OF DISPOSITION
1 🔀 Burlal 2 🗆 Cremation 3 🗀 Removal from State
4 🗆 Donation 8 🗀 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Lake Ford Cemetery 11/19 Lake Ford, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 32 S. Second St., oakland, MD 21550 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Sudden Ischemic Heart Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF). Arteriosclerotic Cardio-Vascular Disease Unknown CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 8 X Residence 8 - Other (Specify) 4 - N 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED XX Natural 8 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2/1/2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 286 STORATIONE AND TITLE OF CENTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 05658 November 17, 1992 0 M.D., Herbert H. Leighton, 502 E. Oak Street, Oakland, Maryland 31. DATE FILED (Month, Day, Year) REGISTBAR'S SIGNATURE NOV 1 8 199

DHMH-16 Rev 1/89

ALTIMORE, MARYLAND 21215-0020 death. Page 6 may be retained by the hospital or attending physician.  In the following the following property of the second o	ERAL DIRECTOR	Maryland 100. STREET AND NUMBER	DENT OB. COUNTY	not and number)	ne p AGE (In yrs. Ins 75 Hosp	YRS. MON	CITY, TOWN OF LOCATOR DE	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE RECE TION Grace 1. ZIP CODE 21078		23 HHTTH (* Year) /1917	County Viro	ginia
	ETED BY FUN	102 North P  11. MARITAL STATUS  1 Never Married 2 AM  3 Widowed 4 Divorce  15. DECEDING (Specify only his black of the condary (0-12)	erried  ed  ENT'S EDUC/	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  CATION 16. Ocnipleted 16. Decedent (Give kind of life. Do NOT.			If yea, specify Cuben, Mexice  1   YES 2   NO Specification  Specification of work done during most of working NOT use relied.)  Housewife			D OF BUSINES	Black, Specifi	- American Indian, White, etc. White
	7 0 Housewife  17. FATHER'S NAME (First, Middle, Lest)  James G. Plummer  19a. INFORMANT'S NAME (Type/Print)  Mr. Franklin L. Grieve  20a. METHOD OF DISPOSITION 1 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **Curston Advision Interval Advision Interval Advision Interval Advision Interval Advision Interval Inte									Middle, Meiden Sumame)  Finley  Nov. City or Town, State, Zip Code)  ville, MD 21028  TE 20c. LOCATION — City or Town, State  Aberdeen, Maryland		
P.O. BOX 68760,  In certificate be executed within 24 hours after of a neuting physician and completely filted in by the Hyglene prior to burial, cremation, or removal or other traumatte event, the medical of	CERTIFICATION	23. PART I. Enter the dise abock, or heer immediate CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	a.	REDUE TO (OF DUE TO (OF DUE TO A	aused the de on each line WAL RAS A CONSECUTO RAS A CONSECUTO RAS A CONSECUTO RAS A CONSECUTO RAS A CONSECUTO RAS A CONSECUTO RAS A CONSECUTO RAS A CONSECUTO RAS A CONSECUTO RAS A CONSECUTO RAS A CONSECUTO RAS A CONSECUTO	PUENCE OF):	AIL L	RE Diseas	h as cardiac		y arrest,	Approximate Interval Between Onset and Death
AL RECORE THE STATE THE STATE OF THE STATE O	SICIAN: MEDICAL C	PART II. Other eignificant  25. WAS CASE REFERRED TO N EXAMINER?	MEDICAL		ath but not r		26. PI	g cause given in	10	. WAS AN AUTO PERFORMED? YES 2 N	0	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DIVISION OF VIT, TO THE HOSPITAL OR ATTENDING PHYSIC TO TO THE FUNERAL ORRECTOR: After this containe be filed within 72 hours after death with IMPORTANT: If Item 28 is marked, Item	ETED BY PHYSI	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  4 Homicide determined										oute Number,
	TO BE COMPL	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge of complete one of the best of my knowledge of complete one of the best of my knowledge one)  29b. INCHATTINE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELETTICITY  31. DATE FILED (Month, Dey, Year)  32. REGISTRAR'S SIGN.				1 27) (Type, Print	my opinion, d				and due to the cause(e) and manner as stated and DATE SIGNED (Month, Day, Year)	
		NOV 24 '92		32. REGISTRAN'S	con-Rang	lace						21018

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	<b>BALTIMORE, MARYLAND</b>	MARYLANI
TO THE HOSPITAL OR ATTENDING PHYSICAN: The Arter of the past of the past of the hospital of the past o	ir death. Page 6 may be	retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate that the supression and completely filled in by the funeral director, pa	he funeral director, page	5 should be detache
be filed within 72 hours after death with the State Department and Memal Hygiene prior to burial, cremation, or removal.	al,	
IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be	notified at once.

	1 - FOR STATE OF MAR	YLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	92 33774							
Ŷ	1. DECEDENT'S NAME (First, Middle, Last) HELEN WOO Helen Wood Morro	D MORROW		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH A							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A 436-94-2655 1□ M 2 万 F		NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-19-1915	BIRTHPLACE (State or Foreign Country)     Alabama							
TOR	98. FACILITY NAME (# not institution, give street and number)  Frederick Memorial Hospital RESIDENCE OF DECEDENT	1	city, town on Location of t Frederick	EATH Sc.	COUNTY OF DEATH							
DIRECTOR	Maryland Frederick	10c. CITY, TO Frede	wn or location		State, Zip Code)  Maryland 21777  ATION — City or Town, State  ithsburg, Maryland  UNERAL HOMES, P.A.  EDERICK, MD 21701  ROTON ANALABLE PRIOR TO COUNTRY  UNERAL HOMES, P.A.  EDERICK, MD 21701  ROTON BIOCHER AND COUNTRY  White  Approximate interval Between Onset and Death  UNERAL HOMES, P.A.  EDERICK, MD 21701  ROTON — City or Town, State  ithsburg, Maryland  UNERAL HOMES, P.A.  EDERICK, MD 21701  ROTON BIOCHER OF CAUSE OF DEATH?  1 YES 2 A NO  UNERAL HOMES, P.A.  EDERICK, MD 21701  ROTON BIOCHER OF CAUSE OF DEATH?  1 YES 2 A NO  UNERAL HOMES, P.A.  EDERICK AND 21701  ROTON BIOCHER OF CAUSE OF DEATH?  1 YES 2 A NO  UNERAL HOMES, P.A.  EDERICK AND 21701  ROTON BIOCHER OF CAUSE OF DEATH?  1 YES 2 A NO							
FUNERAL	6862 Buckthorn Court		101. ZIP CODE 21702		U.S.A.							
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EV. FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES N	res 2 No	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES XXX NO Spec	NIC ORIGIN? (Specify Ves or No an, Puerto Rican, etc.) ly:	Black, White, etc. Specify:							
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S USU/ (Give kind of work of the. Do NOT use reti	lone during most of working ed.)	16b, KIND OF BUSINESS								
E COMPLET	17. FATHER'S NAME (First, Middle, Last) George Hammond Wood	18. MOTHER'S N	AME (First, Middle, Maiden Surnai	me)								
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Jean M. Moore		RESS (Street and Number or Rura									
	20s. METHOD OF DISPOSITION 1 □ Burlal 2 ☑ Cremation 3 □ Removal from State 4 □ Donation 3 □ Other (Specify)	DATE 20c. LOCATION	N — City or Town, State									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			LEY & SON FUN								
	shock, or heart fellure. List only one ceuse on each line.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.											
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to dear	th but not resulting in th	e underlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED? 1 VES 2 N N	O AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
HAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)								
YSIC	EXAMINER?  1   YES 2   NO	Outpatient 3 DOA 4 D	HER: Nursing Home 5 - Residence	6 Other (Specify)								
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	RY 28b. TIME OF INJURY	28c, INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED							
<b>a</b>	2 December	URY — At home, farm, street. Specify)	factory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my k  MEDICAL EXAMINER: On the basis of examin											
TO BE C	2%. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU D 4333	MBER 29d.	DATE SIGNED (Month, Day, Year)							
Ĕ	Sara Hultsch-Smith MD, 915			k, Maryland 2	1701							
	31. DATE FILED (Month, Day, Your)  32. REGISTRAP'S S  GCT 26 1992 Fisher Supply											

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The Law	AL DIRECTOR: After this certificate han	72 hours after death with the State Deat
DIVISION OF VITAL	PITAL OR ATTENDING PHYSICIAN: The Imp	ERAL DIRECTOR: After this certificate han	n 72 hours after death with the State Dr.
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DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The Im-	TO THE FUNERAL DIRECTOR: After this certificate has been supported by the attending physician and completely filled	be filed within 72 hours after death with the State Draw

	1 - FOR STATE REGISTRAR	STATE OF I			TMENT OF			MENTAL HYGIEI REG. NO		00710		
	1. DECEDENT'S NAME (First, Middle, Last)  Thomas Will:	iam PAOL	INI, JR.						25°	YEAR 92 12:45		
	4. SOCIAL SECURITY NUMBER 171–38–8088	5. SEX 1 M 2 F	6. AGE (In yrs. les 45	t birthday) YRS.	IF UNDER 1 YEAR MONTHE DAYS		R 24 HRS.	Dec. 25,	1946	8. BIRTHPLACE (State or Foreign Pennsylvania		
СТОВ	90. FACILITY NAME (If not institution, give st Frederick Memoria RESIDENCE OF DECEDENT	*	tal		96. CITY, TOWN	on LOCAT		EATH		nty of DEATH ederick		
DIREC	10e. STATE 10e. COUNTY Maryland Freder				y, TOWN OR LOC ederick					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
VERAL	9031 Mountainber	rry Circ	le			21 Z	02		10g. CITI	S.A.		
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. AS T YES 2227 MAR OR DATES	MED MO	If yes,	ECENDENT specify Cub ES 2 X NO	en, Mexica	n, Puerto Rican, etc.)	Spoorly. White			
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G	CEDENT'S live kind of v Do NOT us magel		TION nost of work	ing	166. KIND OF BE	unica			
examiner must be notified at once.  TO BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Thomas William Paolini, Sr.  18. MOTHER'S NAME (First, Middle, Meiden Surreme) Margaret Rispo											
TO B	190. INFORMANT'S NAME (Type/Print)  Mrs. Karen Paolini  190. MAILING ADDRESS (Street and Number or Fural Paorte Number, City or Town, State, Zip Code)  9031 Mountainberry Circle, Frederick, Md. 21702											
r must b	20. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remo					etery		.29,1992	Frede			
ехатіле	Mount mount from State    Mount mount from State   Mount mount from State   Mount mount from State   Mount mount from State											
went, the medica	23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.											
flury, or other traumatic event, the medical	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Con+610	21 - 6 1 01 0 - 7 - 7 - 5									
MEDICA	PART II. Other significent condition	Part I. 24a. WAS A PERFC	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF	DEATH (Ch	eck only one)				
PHY	1 VES 25 NO  27. MANNER OF DEATH  1 Natural 5 Pending			28b. TIM	4 Nursing H	NJURY AT YORK?		6 Other (Specify)  28d. DESCRIBE HOW	INJURY OC	CURED		
28 is TED	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE C building,	OF INJURY — At he etc. (Specify)	ome, ferm, s				281. LOCATION (Street City or Town, State		r or Rural Route Number,		
ANT: If Item 2 COMPLET	onel							to the cause(s) and m		ted. he cause(s) and menner as stated.		
290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATI									e signed (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)  Post of the first of the following the first of th											

injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

Robert S.

32. REGISTRAR'S SIGNATURE

1992

31. DATE FILEO (Month, Day, Year)

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Dr.

	FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	TMENT O	F HEAL	TH AND	MENT	AL HYGIEN		0.0	,,,,	
	1. DECEDENT'S NAME (Flist) Car	Middle, Last)	N.		PALI				2. DAT	E OF DEATH	- The second	VEAR	3. TIME OF DEATH 5:55 PM N	
	4. SOCIAL SECURITY NUME 214-10-182	28	5. SEX 1	6. AGE (In yrs. les 95	t birthday) YRS.	IF UNDER 1 Y	AR IF U	NDER 24 HRS. PS MIN.	7 DAT	to Day, Year)		DINTLIN	LACE (Stete or Foreign	
TOR	Meridian N	ursing			96. CITY, TOWN OR LOCATION OF DEATH Frederick  9c. COUNTY							Y OF DE	rederick	
DIRECTOR	Maryland	10b. COUNTY	rederi	ck	10c. CITY, TOWN OR LOCATION  K Frederick							10d. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL		il Av					101. ZIP (	217				U.S	AA .	
ВУ	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AB YES 2 AM AR OR DATES	MO If yes, specify Cuben, Mexicen, Puerto Ricen, atc.) Black						4. RACE - Black, Specify	- American Indian, White, etc.		
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	,	CATION completed) College (1-4 or 5	(G	Do NOT us		g most of w	orking	10	Sb. KIND OF BUS	SINESS/INDU	STRY		
rnilip Harian Cline Sarah J										ope	r			
TO B	Mrs. Mildr	ed R.	Marmar	191	717	ADDRESS (St	eet end Nur 1 AV	enber or Aural	Route Nu	nber, City or Tow reder	n, State, Zip C	Md.	21701	
	20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF DATE OF DISPOSITION (Name of Company)  20b. PLACE AND DATE OF													
	Rober	tW.	Keeney	# M006		106	eney East	and E	Basfo	ord P.A St., Fr	ederic	ok. I	Home Md. 21701	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  Approximately a such as cerdiac or reapiratory arrest, interval.											Approximate Interval Between Onset and Death		
CERTIFICATION	, , , , , , , , , , , , , , , , , , , ,													
AL			s contributing to	contributing to deeth but not resulting in the underlying cause given in						Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 1 NO			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?	
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B	2 Actident Investigation M 1 YES 2 NO													
COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se ateted.													
ш	2 MEDIC	CAL EXAMINER	t: On the beele of ex	amination end/or in	rvestigation	n, in my opinio	n, death oc	cured at the	time, dat	e end place, end	due to the	ceuse(s) e	fonth, Day Mear)	
29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day frour) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									10/92					

Hughes 700 Montclaire Ave. Frederick, Md.

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or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATHMONTHDAY										AV	3. TIME OF DEATH		
	Mary Cather	ine Pa	atchell					1	November	r 22, 1992		20:50 M	
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. less	birthday)	IF UNDER 1 YEAR	IF UNDE	$\rightarrow$	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
	213-60-0346		1 M 2 🔀 F	82	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 8/8/ <del>1896</del>	1910	R1v:	thedale, MD	
	9a. FACILITY NAME (If not in	stitution, give s	treet end number)			96. CITY, TOW	OR LOCAT			9c. COU	NTY OF D		
FUNERAL DIRECTOR	Union Hospi		f Cecil	County		Elkton				Ce	cil		
E	10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY	
E	Maryland	Cec	i 1		No	rth Eas	t					LIMITS?	
3	10e. STREET AND NUMBER				1.0		IOF. ZIP COD	DE		10e. CIT	IZEN OF V	WHAT COUNTRY?	
A	109 Mauldir	Δνοη	110				01			J.S.			
ᄬ	11. MARITAL STATUS	NT EVER IN U.S. AR	MED	12 WAS D			CORIGINA (Secolo: Ve						
B⊀	1 Never Merried 2	1 Never Merried 2 Merried 3 Widowed 4 Divorced  FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES							Puerto Rican, atc.)	ecity Yas or No—  14. RACE — American Indian, Black, White, etc.  Specify: White			
COMPLETED	15. DEC (Specify onl)	CEDENT'S	USUAL OCCUPA work done during	TION	dad	16b. KIND OF BU	SINESS/IN	DUSTRY					
ᄪ	Elementery/Secondary (	+)	Do NOT u	ise retired.)	irig								
4	8		N/A		Ho	memaker			Ноп	ne			
0	17. FATHER'S NAME (First, A	liddle, Last)					18. MOT	THER'S NAM	E (First, Middle, Maider	Surneme)			
	Clyde Nicl	cle					В	essie	Craig				
BE	19a. INFORMANT'S NAME (	Type/Print)	· · · · · ·	198	. MAILING	G ADDRESS (Street	t and Numbe	er or Rural Ro	oute Number, City or Tox	vn, State, Zij	Code)		
2	William C.	Patche	e11		109	Mauldin	Ave.	Nor	th East,	MD	2190	1	
	20a. METHOD OF DISPOSIT	TON		20b. PLACE	OF DISPO	SITION (Name of				OCATION —			
	1 № Buriel 2 ☐ Cremetic 4 ☐ Donation 6 ☐ Other		oval from State	North	Eas	t Metho	dist	Cemet	ery Nor	th E	ast,	MD	
	21. SIGNATURE OF PUNETA	IL REBWICE LI	CENTEE			22. NAME	AND ADDR	ESS OF FACI	T Home				
	» 11.16	111											
_	127 South Main Street North East, MD 2190												
		eart fallure.	List only one ca	UA,		Pneu			as contract of reas		,	Interval Between Onset and Desth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
2	PART II. Other significa	ent condition	na contributing to	n daeth but not r	esulting	in the underly	ing course	given in P	Part i. 24e, WAS A	VSOCTILA	244	. WERE AUTOPSY FINDINGS	
8				o daden bot not i	oooning	III the onderly	mg coose	given in r	PERFO	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	-								1 [] YES	2 NO	OF DEATH?		
7.5	-	-		<u> </u>					-	1 TYES 2 NO			
ä					_								
5	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	PLACE OF	DEATH (Chec	ck only one)				
S	1 TYES 2 NO			☐ ER/Outpatient 3	□ DOA		ome 5 🗆 F	Reeldenca 6	Other (Specify)				
Y PHYSICIAN:		Pending investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. TII	JURY	NJURY AT WORK? YES 2		28d. DESCRIBE HOW	INJURY O	CURED		
ED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26a. PLACE building	OF INJURY — At ho j, etc. (Specify)	me, farm,	street, factory, or	fica		28f. LOCATION (Street City or Town, State	end Numbe	or or Rural	Route Number,	
COMPLETED	29a. CERTIFIER  (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(s) and manner as stated.												
S S	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  11/24/93												
5	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ	e, Print)	11/	2010	3		/	1	
	Mac	lhu S.	Sachdev	, M.D. 3	N. 1	Main St	. No	rth E	ast, MD	2190	1		
	Madhu S. Sachdev, M.D. 3 N. Main St. North East, MD 21901  31. Date FileD (Month, Day, Year)  NOV 24'92  And Davidson—Mandall												
	1101 47	-	1										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		Marion VanSant Runkles, Jr. Oct. 30, 1992 1:30												1:30 P.		
		4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs.		IF UNDER		IF UNDER	24 HRS.	7. DATE OF I	HATH		BIRTHPL	ACE (State or Foreign	
		217-10-903	30	1 (MM 2 □ F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov . 3	y, Year)		Country)		
should		9a. FACILITY NAME (# not					9h, CITY	. TOWN	OR LOCATIO	ON OF DE			9c. COUNT		yland	
2, 3 sho	CTOR	Frederick	Memor		tal				ederi					eder		
-	<u>[</u>	RESIDENCE OF DE	10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCA	TION					- 13	od, INSIDE CITY	
020 physician. burial-transit permit. Pages	DIRE	Maryland		Frederick	:			-	int A					1	LIMITS?	
- Ded	FUNERAL	104. STREET AND NUMBE		01				10	f. ZIP CODI				10g. CITIZE		AT COUNTRY?	
in.	Ä	301 Mc	extex					丄						USA		
o ge ag	B	11. MARITAL STATUS  1 Never Married 2 5  3 Widowed 4 Di	- In the second		NT EVER IN U.S., 1 YES 23 WAR OR DATES		- 13	If yes, sp		ın, Mexicar	n, Puerto Rica		r No—   1	Black, Specify:	- American Indian, White, etc. ite	
thend thend			CEDENT'S EC		16a,	DECEDENT'S					16b, KIN	16b. KIND OF BUSINESS/INDUSTRY				
- 5 -	山山	Elementary/Secondary	nly highest gra (0-12)	College (1-4 or 5	i+)	(Give kind of Ille. Do NOT u	work done ise retired.)	auring m	ost of workir	ng						
570	once. COMPL	12				Elect	rica	l Ir	spec	ctor Electrical						
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	S S	17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NAI	ME (First, Midd	le, Maiden Si				
2 4 4	E III	Mari	ion V.	Runkles,	Sr.					Mar	tha (M	lattie	e) Wil	lson		
MAR retained 1 5 should	B	19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRES	S (Street	and Number	r or Rural F	Route Number, (	City or Town,	State, Zip C	ode)		
SALTIMORE, I death. Page 6 may be e funeral director, page al. examiner must be r		Arlene (	. Run	kles		301	Moxl	еу 3	St.,	Moun	t Airy	, Mar	ylan	d 21	771	
	nust be	20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name OATE 20c. LOCATION — City or 1														
	5	4 Donation 5 Other (Specify) Prospect Cemetery 11/01/92 Mount Airy, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE													27018	
	medical examin	· Olin	£	Molesus	ath		0	lin	L. M	oles	worth,	P.A.	is. M	d. 2	0872	
760, ed within ompletely II, crema	other traumatic event, the	disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										THE INDIANT				
P.O. h certif inding Hygier	- CC	that initiated events resulting in deeth) LAST														
S, leath	≥ 5											1				
Colors II In d	MEDICAL	PAN II. Otto agritt	Carri Corium	- Community in	O destir but no	but not resulting in the underlying ceuse given in Part I. 24a. Was AN AUTOPSY PERFORMED? 1 ☐ YES 2 ☑ NO							WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO			
															37.	
A F 8 8	SICIA	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		PLACE OF D	DEATH (Ch	eck only one)					
F VIT SICIAN: TI certificate h the State	YSI	1 TES 2 NO		1 Inpatient 2	☐ ER/Outpatien	3 🗆 DOA			me 5 🗆 R	saldence	6 Other (S	pecify)				
O E % #	P G	73	Pending		Dey, Year)	28b. TII	ME OF JURY M	W	URY AT ORK? YES 2 [	□ NO	28d. DEŞCR	IBE HOW IN	JURY OCCL	RED		
- Z ~ -	E C	2 Accident Investigation 3 Suicide 6 Could not be determined determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28f. LOCATION (Street and Number or Rural Rector) City or Town, State)											r Aural Ac	ute Number,		
DIN SPITAL OR NERAL DIRE	ANT: If Item 2 COMPLET	TOTAGON OTHER		YSICIAN: To the best of											and menner as stated.	
TO THE HOSPITAL ( TO THE FUNERAL D De filed within 72 h	IMPORTANT: II	29b. SIGNATURE AND TYT	NI		30			1	29c. LIC	PG 4	MBER 199				Month, Day, Year) 1-92	
	-	<u> </u>	E. Mi	ller, M.D	). L	+ Culw		Dr.	Mou	nt A	iry, N	ld. 2]	1771			
		31. DATE FILED (Month, De NOV 2	1992 1992	V .	RAR'S SIGNATUR											

True on general test less and server the less than the server of

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THE STATE OF THE PERSON OF THE

en agreed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should of health and Memal Hygiene prior to burial, cremation, or removal. mustres that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

shows any injury, or other traumatic event, the medical examiner must be notified at once.

RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICAL TO THE FUNERAL DIRECTOR After this sent be find within 72 hours after death with the IMPORTANT; If then 28 is marked, DIVISION OF

1	-	STATE REGISTE	RAF
1	. D	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH 30/23/	92	3. TIME OF DEATH			
- 1	HEATHER	т	D	ICHARDS		MONTH 10		9-2	06:15 AH			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIE	TIM		LACE (State or Foreign			
	226-21-2560			MONTHS DAYS	HOURS MIN.	(Month, Day, Feb. 7,	Ybar)	Country)				
		22 .	20 YRS.						ryland			
~	9a. FACILITY NAME (If not institution, give st	ar and and			OR LOCATION OF D	EATN	9c. COUN	NTY OF DEA	ATN			
Ö	Shady Grove Ad	lventist Ho	ospital	Roc	ntgoi	mery						
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY											
<u>E</u>			10c. CIT	Y, TOWN OR LOCA		10d. INSIDE CITY LIMITS?						
9		ederick		Ijams	ville		1	YES 2 NO				
4	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITI	0g. CITIZEN OF WHAT COUNTRY?				
FUNERAL DIRECTOR	3483 Firest	tone Dr.			21754			US	SA			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPA		city Yes or No	14. BACE -	- American Indian			
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	ecify Cuban, Mexico	an, Puerto Rican,		Black,	White, etc.			
BY	3 Widowed 4 Divorced	IF TES, GIVE HAN ON D	A169	1 U YES	NO Specif	ry:		Specify:	White			
0	15. DECEDENT'S EDUC	CATION	16a, DECEDENT'S	USUAL OCCUPATION	ON	165 KIND	OF BUSINESS/IND	HISTOV	77722.00			
E	(Specify only highest grade			work done during mo		100.11.11	01 20011123371110	031111				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		Clerk		1	Retail S	ales				
COMPLETED	AT PATHERIN MARK (Class Andrews A		<u> </u>					allo				
8	17. FATHER'S NAME (First, Middle, Last)  Mark A. Anderson  Barbara J. Coombs											
BE		nderson			Bar	bara J.	Coombs					
0	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural							
- 1	William S. Richa	ards	3483	Fireston	ne Drive	, Ijams	ville, M	id. 2]	1754			
	20a. METHOD OF DISPOSITION 120 Burlel 2 Cremation 3 Remo	201	DI ACE AND DATE	OF DISPOSITION (N	ame of	DATE	20- LOCATION (	City on Town	- Ctoto			
	4 Donation 5 Other (Specify)	DVBI Trom State Cen	Pine Gi	ther place)	etery 10	126/92	Mt. A	irv.	Md.			
. 8	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22 NAME AL	UD ADDRESS OF SA	CHITY		<u></u>	1100			
	Olin L. Molesworth, P.A.											
- 6	allen L.	Wolson	the	2644	Ol Ridge	Rd., Da	amascus,	Md. 2	20872			
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line.  Approximate intervel Between											
	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Fine)											
	disesse or condition	OSCOLIBLA.	wir SAY	(54)					Onaet and Dasth			
	resulting in death)	DUE TO (OR AS	CONSECUENCE	7.			IWK					
_ 1		Aspergill	A 4	r).					2m0			
8	Sequentially list conditions,	DIE TO COR AS	CONSEQUENCE OF	n.								
F	If any, leading to immediate cause. Enter UNDERLYING	CAmilia	P	650	- Disa	21.17						
5	CAUSE (Disease or injury	DIE TO COR AS A	1 Vo gres	مامال كاداد	47 042	DI Jea	Disease 240					
Ē	that initiated events resulting in death) LAST	Paul V	A A A A O	Tarr	121							
CERTIFICATION		d	1910 000	14014	וכון הוטן	700		2/247				
	PART II. Other significent condition	s contributing to death t	out not resulting	in the underiving	g cause given in	Pert I. 24a. V	MAS AN AUTOPSY	24h V	VERE AUTOPSY FINDINGS			
EDICAL		regia in					ERFORMED?	A	WAILABLE PRIOR TO			
ā	7100 - 651	-cy i A-	10mls	160		1 _	AES XIXINO		COMPLETION OF CAUSE OF DEATN?			
Σ								1	YES 2 NO			
PHYSICIAN:												
3 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	neck only one)						
Sic	1 - YES 2 000	HOSPITAL:  1. Inpetient 2 ER/Outs	patient 3 DOA	OTHER: 4   Nursing Norm	e 5 🗆 Residence	6 Other (Spec	Hv)					
=	27. MANNER OF DEATN	28s. DATE OF INJURY	28b. TIM	E OF 28c. INJ	URY AT		HOW INJURY OCC	CURED				
	1 Netural 8 Pending	(Month, Day, Year)	INJ		PRK? YES 2 NO							
B	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	/ — At home, farm,			28f 1 OCATION	(Street and Number	or Rural Box	rda Mumbar			
COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Spec	cify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town	, State)	or Horar Hoc	are ivernous,			
<u>u</u>	29a. CERTIFIER					<u> </u>						
필	(Check only CEHTIFYING PHYSIC	CIAN: To the best of my know	riedge, death occurr	ed at the time, date	and place, and due	to the cause(a) a	nd manner as state	ed.				
Ö	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and maintain and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and maintain and/or investigation.											
									Worth, Day, Year)			
BE	() [ M [ ()				D296	-			3,1992			
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	100				-, 2332			
								20.2				
	Ralph V. Bocci	32 REGISTRAR'S SIGN	ATURE P	nysicia	ins Lan	e, Roc	kville,	, Md	•			
	OCT 28 1992	Fulia Laydson	M. A. AA									
	An INOT	H when want about	-Manage									

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DHMH-16 Rev 1/89

FOR STATE REGISTRAR

m.
See D.
RECOR
: VITAL
10
DIVISION

1	1. OECEDENT'S NAME (First, Middle, Lost)  Cynthia Suc	2 Rough							2. DATE MONTH		19	YEAR	3:50 a.
	4. SOCIAL SECURITY NUMBER	st birthday)	IE UNDER	IDER 1 YEAR						ACE (State or Foreign			
		5. SEX				DAYS		MIN.	(Month	, Day, Year)		Country)	
	220-54-0240	1110.	01 000	-		1011 07 01		9-1948	8 Wisconsin				
	9e. FACILITY NAME (If not institution, give		96. CITY, TOWN OR LOCATION OF DEATH  I jams ville										
ECTOR	3154 Green Valle	гу ка.				110	unsva	ce		Frederick			ick
	10a. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN	OR LOC	ATION					1	Od. INSIDE CITY LIMITS?
HI	MD.	Frederick			Ija	unsv	rille					1	YES 2 NO
HAL	10e. STREET AND NUMBER					1	of. ZIP COC	DE			10g. CITIZ	ZEN OF WH	AT COUNTRY?
CNE	3154 Green Va	lley Road				$\perp$	21	1754			USA		
	11. MARITAL STATUS  1 Nover Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A		13.	WAS DE	ECENDENT specify Cub	of HISPA	NIC ORIGIN In, Puerto I	17 (Specify Yes Rican, etc.)	or No-	Black,	- American Indian, White, etc.
2	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				ES 2 NO				_1	Specify:	white
	15. DECEDENT'S EDI (Specify only highest gred	UCATION le completed)	(	Give kind of	work done	during n	TION most of work	ing	16b	KIND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +		fe. Do NOT i	me ratired.)					Hat	ises		
0.	12		H	orse	trai	ner	_						
COM	17. FATHER'S NAME (First, Middle, Last)				-			Middle, Malden					
2	Stanley Roszki					tty		unknov					
0	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			1754
	Donald A. Roi	ign								amsvil			
	20a. METHOD OF DISPOSITION  1										ld.		
	22. NAME AND ADDRESS OF FACILITY STAUFFER FUNERAL HOME, P.O. BOX 1819											1610	
- 1	1 den 1	21								ND 217		DUX	1819
	anyon, of nour teneror end only one season on other men										intarval Betw Onset and De		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									14			
E	resulting in death) LAST												
MEDICAL	PART II. Other significant condition						Part I.	24a. WAS AN PERFO 1 YES	RMED?		WERE AUTOPSY FINDII MIAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check on									nel			
SICI	EXAMINER? HOSPITAL: OTHER:												
PHY	1   YES 2   HO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)    27. MANNER OF DEATH   28a. DATE OF INJURY (Mornit, Dey, Year)   28b. TIME OF INJURY AT WORK?   WORK?   1   YES 2   MO												
TED BY	2 Accident 3 Suicide 4 Homicide  2 Accident 5 Could not be determined  2 Be. PLACE OF INJURY — At home, farm, street, factory, office  28e. PLACE OF INJURY — At home, farm, street, factory, office  28f. LOCATION (Street and Number or Rural Re-City or Town, State)								oute Number,				
COMPLET	29a. CERTIFIER 1 CERTIFYINO PHY	/SICIAN: To the best of											and manner as state
ш	296. SIGNATURE AND TITLE OF CERTIF	IER	> 1					ICENSE N			29d. DAT	TE SIGNEO	(Month, Day, Year)
TO B	1	<		-			1	DIY.	6 2	6		(0)	29/4
-	30, NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAU	SE OF DEATH (F	TEM 27) (Ty	pe, Print)								
	31. DATE FILED (MONT), Day, WARD	32. REGISTR	AR'S SIGNATURE	dall								-	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

HELE S.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO	J.				
	1. DECEDENT'S NAME (First, Middle, Last  MALT	SABOL	(nmn)	Sabol	2. DATE OF DEATH MONTH D	AY - 9-	3. TIME OF DEATH			
Ţ,	4. SOCIAL SECURITY NUMBER 282-16-9347	1 X M 2 - F		F UNDER 1 YEAR IF UNDER 24 HRS WITHS DAYS HOURS MIN.	(Month, Day, Year)	922 a. But	onio			
CTOR	98. FACILITY NAME (If not institution, give FALLS TON C RESIDENCE OF DECEDENT	ENERAL HO		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						
DIREC	10e. STATE 10b. COUN	rford	10c. city, 1 Edge	rown or location WOOd			10d. INSIDE CITY LIMITS? 1  YES 2 NO			
FUNERAL	1969 Sidnee Dr	rive		101, ZIP CODE 21040		USA	F WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 1 1 YES	2 NO	13. WAS DECENDENT OF NISI	ican, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, etc. pecify: White			
COMPLETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12) 12		Iffe. Do NOT use r	k done during most of working	Flo	etronic				
BE COM	17. FATHER'S NAME (First, Middle, Last) William —	Sabol.		18. MOTHER'S Marij	NAME (First, Middle, Maiden a St	sumame) epko				
TO B	19a. INFORMANT'S NAME (Type/Print) Mary I. Sabol		196. MAILING AE 1969 S	DORESS (Street and Number of Run Lance Drive, E	rel Route Number, City or Tow Edgewood, Mc	1. Sharin 710 Code)				
examiner must be	20s. METHOD OF DISPOSITION  1									
	21. MENATURE OF FUNERAL SERVICE I	Mc Com	05 111	22. NAME AND ADDRESS OF HOWARD K. Mo 1317 Cokesbu	:Comas III F					
	23. PART I. Enter the disesses, or shock, or heart failure iMMEDIATE CAUSE (Final disesse or condition resulting in death)	. List only one cause by	rách line.	onter the mode of dying, so			Approximate interval Between Onset and Deat			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF):	Vere Lar	onay o	nt an	24.			
MEDICAL CI	PART II. Other significant condition	ons contributing to death	but not resulting in	the underlying cause given	In Part I. 24a. WAS AN PERFOR	RMED?	Ab. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PLACE OF DEATH (	Check only one)					
	1 VES 2 NO  27. MANNER DE DEATN  1 Natural 5 Pending	1 Inpetient 2 ER/Out 28a. DATE DF INJURY (Month, Day, Year)		□ Nursing Home 5 □ Residence F 28c, INJURY AT	28d. DESCRIBE NOW I	NJURY OCCURED				
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined    28e. PLACE OF INJURY — Al home, farm, street, factory, office    28f. LOCATION (Street and Number or Rural Route in City or Town, State)									
COMPLE				it the Ilms, date and place, and d in my opinion, death occured at t			e(s) and manner as stated,			
BE	29b. SIGNATURE AND TARROF CHICKEN	ER		29c. LICENSE N	IUMBER	29d. DATE SIGN	ED (Month, Day, Year)			
TO	30. NAME AND ADDRESS OF PERSON W	R - 2	ATN (ITEM 27) (Type, Py	Belais &	ord-19	alleta	-MDZIOUT			
	31. DATE FILED (Morth, Day, Year) NOV 23 92	32. REGISTRAR'S SIGN	dson-Pandall							

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The attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Metal Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law regimes III. The death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certifican has been uponed to be alreading physician and complete be filed within 72 hours after death with the State December of the state of the stat	IMPORTANT: It Item 28 is marked, or litem 2x chaws any faiur, or other traumatic event
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4. SOCIAL SECURITY NUMBER	5. SEX			IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE C (Month,	Day, Year)	1015	8. BIR Cou	TNPLACI	E (State or Foreign
219-46-3332 9e. FACILITY NAME (If not Inst		77	YRS.	21 21					. 23,	1915	Md		
		9b. Ci i v,	TOWN OR						-1-				
200 E. Main St. Burkittsvill									le Frederick				CK
10a. STATE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												INSIDE CITY
Md.	Frederick		] ]	Burki	Lttsv	$ill\epsilon$	9						YES 2 NO
10e. STREET AND NUMBER 200  11. MARITAL STATUS	E. Main St.				10f. 2	ZIP CODI	217	18			.S.		COUNTRY?
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17, FATHER'S NAME (First, Mid	the Land		nor	nemak		40. 14077		NE COLOR		own l	nome	5	
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20s. METHOD OF DISPOSITION  1 X Burial 2 Cremetion	3   Removal from State	20b. PLACE Union	OF DISPO	SITION (Na	me of ceme	etery, cren		20c. LOCATION — City or Town, State					
4 Donation Donate Of Puneral		CILIO	11 001							ULKI	LLS	/111	e, Ma
* Sudde &	21. SIGNATURE OF PUNERAL SERVICE TRENSEE  22. NAME AND ADDRESS OF FACILITY  Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769												
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN													
Testiting in death) EAST	d												
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part								Part I.	24a. WAS AN PERFO	RMED?	2	COM OF C	E AUTOPSY FINDS ABLE PRIOR TO PLETION OF CAUSEATH? YES 2 NO
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1 VES 2 NO		☐ ER/Outpatient 3	□ DOA		sing Home	5 X R	esidenca	6 🗆 Other	(Specify)				
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3 Suicide 6 C	26e. PLACE	OF INJURY — At he	ome, farm,	street, fec	tory, office				ATION (Street or Town, State		or Plur	al Floute	Number,
anal and	YING PNYSICIAN: To the best AL EXAMINER: On the basic of											e(e) end	manner as state
296. SIGNATURE AND TITLE							ENSE NU						th, Day, Year)
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30. NAME AND ADDRESS OF	PERSON WNO COMPLETED CO				K,	Mr	)	21	716				
31. DATE FILED (Month, Day, Y	ar) 32. HEGIST	RAR'S SIGNATURE	- W	عاداد	K,	M		U	116				

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	HEGISTHAR	CERT	IFICALE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) GEOVAL I	mith, sr.		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. S		MONTHS DAVE MOURE MAN	7. DATE OF BIRTH (Horith, Day, 16ar) June 20, 190	8. BIRTHPLACE (State or Foreign					
	Se. FACILITY NAME (If not institution, give street en	nd number)	9b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF DEATH					
CTOR	Frederick Memorial	Hospital	Frederick		Frederick					
l m	10e. STATE 10b. COUNTY		CITY, TOWN OR LOCATION		10d. INSIDE CITY					
L DIRE	Maryland Fred	erick	Frederic		1 X YES 2 NO					
VERAL	611 Schley Avenue		101. ZIP CODE 21702		U.S.A.					
BY FUN	1 Never Married 2 KMarried	MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO FYES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, atc. Specify: White					
旦	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		T'S USUAL OCCUPATION of work done during most of working	18b. KINO OF BUSINESS/IN	IDUSTRY					
once. COMPLET		lege (1-4 or 5+)	of use refined.)  bile Dealer/Salesm	nam Automo	bile Sales					
SO SO	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Surname)						
W 111	Frederick Lester	Smith	San	rah Gannon						
TO BE	19a. INFORMANT'S NAME (Type/Print)		ING ADDRESS (Street end Number or Rural I							
De no	Mrs. Frances Stal		ll Schley Ave., Fr	rederick, Mary	land 21702					
TS NE	20s. METHOD OF DISPOSITION 1 Burial 2 Commetton 3 Removal for	20b. PLACE AND DA cematery, crematory	TEOF DISPOSITION (Name of or other place)		- City or Town, State					
E	4 Donation 6 Other (Specify)	cematery, crematory Smithsburg	Crematory 10/		urg, Maryland					
ехашілег	Kubard C.C. S	1	Neeney ar	nd Basford Fun						
event, the medical examiner must be a	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (DR AS A CONSEQUENCE OF):									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE								
3	PART II. Other significant conditions cor	tributing to death but not resulting	ng in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?						
MEDIC	Hypert	2-1.7		1 PES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Ch	ack only one)						
SICIAN:		SPITAL: Inpatient 2 - ER/Outpatient 3 000	OTHER:							
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending		TIME OF INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OF	CCURED					
TED B	Investigation   Investigatio									
O BE COMPLETED BY PHYSICIA			curred at the fime, date and place, and due							
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Laces Sc.	29c. LICENSE NUM		TE SIGNED (Month, Day, Year)					
≜ β	30. NAME AND ADDRESS OF PERSON WHO COM	PLETEO CAUSE OF DEATH (ITEM 27) (1			131.0					
	Dr. Austin Pearre,	Jr. M.D., 300 WE	st Ninui Street,	rrederick, Mai	ATRUG STIOT					
	MOVO 4000	his Javidyn Pando 00								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1. DECEDENT'S NAME (First	, Middle, Last)	James R	ichard	Snoot	s				2. DATE OF MONTH OCt.	23,	1992	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last b)						MONTHS DAYS HOURS MIN.				1946		NPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)					V TOWAL	OR LOCATI	ON OF DE	Apr.	12,		c. COUNTY OF DEATH	
5126 Old M					9b. CITY, TOWN OR LOCATION OF DEATN  Jefferson						Frederick		
RESIDENCE OF DEC		OWIT IXU.									GELICK		
10e. STATE Md. 10b. COUNTY Frederick  10e. STREET AND NUMBER 5126 Old Middletown Rd.  11. MARITAL STATUS 1 □ Never Married 2 ★ Married 3 □ Widowed 4 □ Divorced  10b. COUNTY Frederick  12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 □ YES 2 ★ IF YES, GIVE WAR OR DATES				10c. CITY, TOWN OR LOCATION  Jefferson								10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
						10	f. ZIP COD	E	2175	5	10g. CITI		WHAT COUNTRY?
						If yes, sp		ın, Maxica	IIC ORIGIN? (5 n, Puerto Rice /:		or No-	14. RACI Blac Spec	E - American Indien, k, White, etc.  White
(Specify onl	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)				usual o work done se retired.)	during mo	ON oat of workl	ng	16b. KIND OF BUSINESS/INDUSTRY  federal government		nent		
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Alonza Sn							16. MOI		da Tre				
19a, INFORMANT'S NAME (				19h MAII IN	ADDRES	S (Stront)	and Numbe		Route Number,			Codel	
	Alma Snoots								d., J				21755
20e. METHOD OF DISPOSITING Burlal 2 Crematic	on 3 🗆 Rem	oval from State	PIea	e of DISPO place) ISant	View	ame of ce	metery, crei neter	matory or	10/27		cation – kitt		le, Md.
21. SIGNATION OF FUNERY	L SERVER LIC	ZENSEE JULIS			22. [	onal	ND ADDRE	Tho	mpson				
23. PART I. Entar the d ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	aart fallura.	a	ise on each ii	ne.	not ente	r tha mo	ode of dy	ing, auc		c or reapi	ratory an	reat,	Approximate intervel Batwe Onset and De
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AL (	40	be filed within 72 hours after death with the State Dept. of March and Merch Hypers prior to burial, cremation, or removal.	===
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Ħ	光	Filed	20
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	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	-	2 33/85	
	1. DECEDENT'S NAME (First, Middle, Last) SUZANNE FERR	ARIS VALI	37				4 9	an 2 1800 m	
			In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) Oct. 7,19	948 BIRTHPLACE (State or Foreign Country) MISSOURI		
	9s. FACILITY NAME (If not institution, give stre	,		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF DEATH		
DIRECTOR	6267 North Steam	boat Way		Mount	Airy		Frederick		
REC	10a. STATE 10b. COUNTY		10c, CITY	Y, TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS?	
		rederick		Mount A				1 TES 2X NO	
RAI	100. STREET AND NUMBER 6267 North Steam	hoat Way		10	217 . ZIP CODE	771		S.A.	
FUNERAL		12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Ye		. RACE — American Indian.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			NO Specify	n, Puerto Rican, etc.)		Specify: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S (Give kind of v	USUAL OCCUPATION ork done during more retired.)	ON set of working	16b. KIND OF BU	SINESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	Studen			Colle	pe.		
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden			
BE C	Jacques Paul	Ferraris			Nathal	ie Pier	rette	GARROS	
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
	Nathalie P. Garr		PLACE AND DATE O			Mount A		d 21771	
	**Buriel 2 Cremation 3 Remov					)/28/92 F	rederic	ck, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE!	NSEE //	4	22, NAME A	ND ADDRESS OF FA	CILITY			
	Keith honor	Kobersen	M00706	Keene	ey & Basi East Chur	ord P.A.	runera. rederi	l Home ck, MD 21701	
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li	mplications that caused st only one cause on e	the death. Do nach line.	ot enter the mo	de of dying, suc	h as cardiac or resp	iratory arrest	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	PHENOTH	INE INT	OXICAT	ION			Onset and Death	
	resulting in death) a.		CONSEQUENCE OF		16/1/				
Z	Sequentially list conditions, b.								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	5):					
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):					
ERI	resulting in death) LAST			·					
Ž	PART II. Other significant conditions	contributing to death b	ut not resulting i	n the underlyin	g ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS	
Ž						1 YES :		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME						_		1   YES 2   NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	eck only one)			
SIC		HOSPITAL:	atient 3 DOA	OTHER:	a hitan	6 Other (Specify)			
PHY	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	NED	
BY	1 Netural 5 Pending 2 Accident Investigation	10/24/92		P M 1 🗆	YES 2 NO	SUBJECT	INGES		
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, a	itreel, factory, offic		28f. LOCATION (Street City or Yown, State Mt. Airy, Md	6267 N	Rural Route Number, . Steamboat Way	
COMPLETED		AN: To the best of my knowl On the basis of examination						euse(s) and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER	2 / /			29c. LICENSE NUM		29d. DATE S	IGNED (Month, Day, Year)	
	IN MIT DOY	1- 7 Wi	D		1.00	1.7	D 10	1-1/05	
0	ROBUT RRROBUTEMD DO 9867 10/2492  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  RRR ROBERTS MD 15 W 774 St FREDERICK Md 21701-4599								
5	30. NAME AND ADDRESS OF PERSON WHO REPORTS 31. DATE FILED (Month, Day, Year)		ATH (ITEM 27) (Type,			ERICK I			

v 58185 5°

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF I				OF HEALT		MENTAL HYGIEN REG. NO.	E :	36	33/86
	1. DECEDENT'S NAME (First, Middle, La Thomas Leroy						2. DATE OF DEATH DA	Y 10	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t hirthday)	IF UNDER	1 VEAR IE INFO	ER 24 HRS.	11 22	19	92	MCE (State or Foreign
	299-16-1345	1 🔀 M 2 🗌 F	67	YRS.	MONTHS	DAYS HOURS		(Month, Day, Year) 1/8/1925		Country)	Ohio
	Sa. FACILITY NAME (If not institution, git	ve street and number)			9b. CITY	TOWN OR LOCA	TION OF DE				
DIRECTOR	605 Marjorie La			I	berdeer	1		Harford			
	RESIDENCE OF DECEDENT  10a. STATE  10b. COU		10c. CIT	Y, TOWN C	R LOCATION			10d, INSIDE CITY			
E E	Maryland H		Aberdeen						1	LIMITS?  YES 2   NO	
FUNERAL	10e. STREET AND NUMBER					101. ZIP CO	DE		10g. CITIZEN OF WHAT COUNTRY?		
Ä	605 Marjorie La					210			USA		
	11. MARITAL STATUS 1  Never Married 2  Married	FORCES? 1	T EVER IN U.S. AR			f yes, specify Cu	ban, Mexica	HC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No-		American Indian, hite, etc.
₽	3 Widowed 4 Divorced	WW II,	Korean &	Vie		YES 2 17 N	O Specify	r		Specify:	White
	15. DECEDENT'S E (Specify only highest gr		16a. DE	CEDENT'S	USUAL O	CCUPATION during most of wor	kina	166. KIND OF BUS	INESS/IND		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	·)	Do NOT u	e retired.)						
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	0	IVL	ilita	ary	10.140	THERE NA	ME (First, Middle, Maiden		ernme	nt
5 141	Thomas Leroy	Wilson. Sr	1					Murphy	Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS		_	Route Number, City or Town	n, State, Zip	Code)	
2	Mrs. Anita Wilso	n		605 N	Marjo	rie Lan	e Ak	perdeen, MI	21001		
MUST D8	20a. METHOD OF DISPOSITION 1 M Burlal 2 □ Cremation 3 □ R	emoval from State	cemetery, cres	matory or o	ther place!	ITION (Name of				City or Town,	
	4 Donation 5 Other (Specify)	LICENSEE	Harro	ra Me		al Gard			erdee	n, Mai	ryland
examine.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    Crister Am   Orgles blg   22. NAME AND ADDRESS OF FACILITY   Tarring-Cargo Funeral Home, P.A.   Aberdeen, Maryland 21001-3399										
	23. PART i. Enter the diseases,	t caused the de	ath. Do	eg E	the mode of o	1, Ma	ryland 210	01-33	399	I Approximate	
THE COLOR	shock, or heart fallur IMMEDIATE CAUSE (Final	re. List only one cau	se on each line		iot onto		ymy, suci	in an cardiac or respi	ratory arri	ewt,	Approximate interval Between Onset and Death
event, the	disease or condition resulting in death)  a. Level 2 COPV										
	DUE TO (OR AS A COMBEQUENCE OF):										
ATION	Sequentially list conditions,  OUE TO (OR ASIA CONSEQUENCE OF):										
CAT	If any, leading to immediate cause. Enter UNDERLYING										İ
RTIFIC	CAUSE (Disease or Injury that initiated events										
- 1 111	resulting in death) LAST										
CAL C	PART il. Other significant condit	tions contributing to	death but not re	esulting	in the un	derlying ceuse	given in				RE AUTOPSY FINDINGS
								PERFOR	. /	CO	AILABLE PRIOR TO HMPLETION OF CAUSE DEATH?
MEDI				-				_			YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					00 00 000 00	DE 1711 101				
PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Num			6 C Other (Specify)			
불	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	28b. TIN	- T	28c. INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCC	CUREO	
BY I	1 Netural 5 Pending 2 Accident Investigation	on			М	1 YES 2	□ NO				
	3 Suicide 6 Could not 6	Dullding,	F INJURY — At hou atc. (Specify)	me, lerm,	street, fect	ory, office		26f. LOCATION (Street a City or Town, State)	nd Number	or Rural Rout	e Number,
LET	290. CERTIFIER	INCICIANI, To the tree of						8			
BE COMPLETED								to the cause(s) end man time, date and place, an			nd manner es stated.
BE	29b, SIGNATURE AND TITLE OF CENTR	I M				290 11	27/	18ER 54	29d. DATE	SIGNED (MC	on, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF REATH, (VIEW 27-Gypo, Print)								DE GRA	CF.I	MOT	1078
31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE											
NOV 23 '92 Julia Navidan Brodale.											

BALLIMORE, MARYLAND 21215-00	ED
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K 58/6	mondard within 24 neurs after death. Page 6 may be retained by the hospital or attending p

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

			FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIENE REG. NO.		- 00/0/
		- 8	1. DECEDENT'S NAME (First, Middle, Las	at)				2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH
			Carlotta	Thomas Wys	ong			Nov.	22, J	1992	9:00 P.M. H
Ž			4. SOCIAL SECURITY NUMBER 214-74-2463	1 🗆 M 2 🗷 F 95	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Oct.	Day, Year)	0	MRTHPLACE (State or Foreign country) Lryland
2 3 should	i i	DIRECTOR	98. FACILITY NAME (If not institution, give Bel Air Convale RESIDENCE OF DECEDENT			Bel Air	OR LOCATION OF D	EATH		Harfo	ord County
Page	Pi -		10a. STATE 10b. COU	Harford Count		el Air					10d. INSIDE CITY LIMITS? 1 YES 2 NO
n. ansit perm		FUNERAL	100. STREET AND NUMBER 1200 Conowi	ngo Road		101	21014				OF WHAT COUNTRY?
:1215-0020 or attending physician.		B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IF ORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Specia	en, Puerto Ric		or No.— 14, 1	RACE — American Indian, Black, White, stc. Specify: hite
CA - 5		COMPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo		16b. K	UND OF BUSI	NESS/INOUST	
the hospital detached to	9	MP	11	3	Housewif	e			Homem	aker	
MARYLAND retained by the hospits 5 should be detached	t once.		17. FATHER'S NAME (First, Middle, Last)	734 44 4 4			16. MOTHER'S NA				
MARYI retained by 5 should be		BE	Charles 1	Thomas Wrigh	ht		Ann		izabet		ckson
MAR retained 5 should	notified	2					and Number or Rural				*
m ≥ ge	8		Mrs. Susan W. G.				o Road,		ır, Ma	ryland	21014 or Town, Stat 21050
6 ma	must be	- 1	1 Burial 2 Cremation 3 Re	amoval from State	b. PLACE AND DATE DF	place)	ame of 4.4 /o.	OATE	20c, LOC	ATION — City	or Town, Static 1050  Maryland
Page I dire	ě	1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE JOSEPH W.	Foster	22. NAME AN	OF ADDRESS OF FA	CILITY Ro	ores	Funera	Maryland
BALTIMORE, I after death. Page 6 may be by the funeral director, page	removal.		50 West Broadway & Williams Street Bel Air, Maryland 21014								
in by	the temova		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  Approximate interval Between								
D, min 24 ho	Ben.		iMMEDIATE CAUSE (Final disease or condition resulting in death)	COP	D						Onset and Death
68760 acuted will nd comple	tal, crem, c event,	_	_	DUE TO (OR AS	A CONSEQUENCE OF):						
	rier to turi traumatic	ō.	Sequentially list conditions, if any, leading to immediate	b. DUE TO (DR AS	A CONSEQUENCE OF):						
BOX care be e	T g	CAT	cause. Enter UNDERLYING								
P.O. B( Nath certificate strending physic	or off	ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF):						
0 9 5	황호	AL C	PART II. Other algorificant conditi	one contributing to death i	but not resulting in	the underlying	g ceuse given in	Part I. 2	4a. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS
ECORD Number of the Control of the C	ows any is	MEDICA							PERFORM XX YES 2 (	NED?	AMARABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 ZNO
E 10	12										
VIEW PA	or Hom 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☒ NO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:	ACE OF OEATH (Ch		Specify)		
OF PHYSIC This cer		ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ Y WO				JURY OCCURE	D
DIVISION OR ATTENDING P	after d	0	3 Suicide 6 Could not b	building, etc. (Spe	Y — At home, farm, stre	et, factory, office	•	28t. LOCAT	ION (Street an Town, State)	nd Number or Ru	ural Route Number,
O SE		COMPLET		YSICIAN: To the best of my know							use(e) and manner se stated,
THE HOSPITAL	be filed within 72	BE C	29b. SIGNATURE AND TITLE OF CENT	4ER 7/-M			29c. LICENSE NUI			29d. DATE SIG	NED (Month, Day, Year)
55	M M	2	//-	Home				52		Nov.	23, 1992
			30. NAME AND ADDRESS OF PERSON V	vell, M.D., 62	20 Boulton		838_64°	34 ir. Ma	rylan		
			31. DATE FILED (Month, Day, Year) NOV 23		Javidson-Ran						

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STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OI	F DEAT	ГН		REG. NO.

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1	1. DECEDENT'S NAME (First, Middle, Last)	Pauline THELMA / WATSON				2. DATE OF DEATH DAY YEAR 11 21 92		3. TIME OF DEATH 7:40 A M	
pp	9	578-34-7997	SEX 6. AGE (III	yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIT (Month, Day,	Year)	BIRTHPLACE (State or Foreign Maryland	
1, 2, 3 should	стоя	99. FACILITY NAME (If not institution, give street PRINCE GEORGES RESIDENCE OF DECEDENT	·	NTER	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	P G	
permit. Pages	DIRE		ce George's	100	r, town on Loc Brandywi	ne			10d. INSIDE CITY LIMITS? 1 VES 2 NO	
·55	NERAL	15910 Bald Eagle S				20613	2012	l	N OF WHAT COUNTRY? USA	
215-0020 attending physician. se as the burial-transit	BY FUNE	11. MARITAL STATUS  1	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 100	If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 NO Specia	en, Puerto Rican,		. RACE — American Indian, Black, White, etc. Specify: White	
ND 2121; hospital or attentached for use as	APLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con  Elementary/Secondary (0-12)  7		16a. DECEDENT'S (Give kind of the. Do NOT us Sales		FION nost of working		of Business/indus		
at on	SE COMPL	Paul Claycon Snegogue   Neille Mollas Batellai					1			
ay be retained page 5 should be notified	TO B	Margaret Windsor		196. MAILING 1720	ADDRESS (Sires)  4 Notti	ngham Rd.	nous Number CR Uppe:	y or Town, State, Zip Co r Marlbor(	, Md. 20772	
Page 6 may be a director, page 8		20e. METHOD OF DISPOSITION 1 Burlel XX Cremetion 3 Removel 4 Donetion 5 Other (Specify)	from State   cerne	PLACE AND DATE	remator	У	11-24	-92 Waldo		
SALT r death. re funera al. examir		Bergjamin Matthews M00658  22. NAME AND ADDRESS OF FACILITY HUNT'T FUNCTAL Home P. O. Box 156, Waldorf, Md. 20604-0156								
within 24 hours after an included in the standard in the stand		23. PART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused to only one cause on as	ch ilne.					t, Approximate Interval Between Onset and Death	
be executed cian and corrior to burial.	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A							
ath certificate trending physical Hygiene p	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	P):					
s that the death ned by the atter than and Mental than any Injury.	EDICAL C	PART II. Other significant conditions of	ontributing to death bu	t not resulting	In the underlyl	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Det of	Σ	PSYTON CM	e crang.						1 TES 2 NO	
CLANY The entitions in the Site	PHYSICIAN:	1 YES 2 140	OSPITAL: Y Inpetient 2 - ER/Outpe		OTHER: 4 - Nursing Ho	PLACE OF DEATH (C)	6 Other (Spe			
DING PHYSII After this ca death with n	ВУ РН	27. MANNER OF DEATH  1	26s. DATE OF INJURY (Month, Day, Year)		JURY W	YJURY AT YORK?  YES 2 NO	28d. DESCRIBI	E HOW INJURY OCCUP	IEO	
S after 28 1		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm,	street, factory, off	ilca	2at. LOCATION City or Tow	(Street and Number or n, State)	Rurel Route Number,	
7 7 5 E	COMPLETED		N: To the best of my knowle on the besis of exemination						cause(e) and manner as stated,	
TO THE HOSPITA TO THE FUNERA De filed within ?	BE	296. SIGNATURE AND TITLE OF CERTIFIER	Rwalls			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)	
	5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	Sallow	t fox	Ln, Bu	mie, 1	40.20	7/5	
		31. DATE FILEO (Month, Day, Year) NOV 2 4 '92	32. REGISTRAR'S SIGNA Julia David	TURE						

0	ysician.	rial-transit permit. Pages 1, 2, 3 should		
DALLIMONE, MANICAND ZIZUS-SI40	may be retained by the hospital or attending pi	is certificate national pay the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		ist be notified at once.
SIAO,	executed within 2- nours after death. Page 6	and completely filled in by the funeral direct	burial, cremation, or removal.	natic event, the medical examiner m
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	that the death certificate be e	e nus treen signed by the attending physician	te Dept. of Health and Mental Hygiene prior to	m 23 shows any injury, or other traun
TO NICIONAL	TO THE HOSPITAL DR ATTENDING PHYSICAN THE AND THE BOARD CHARGO THE	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND		YGIENE G	2-3	3789
1	1. DECEDENT'S NAME (First, Middle, Last	, Charles Elmer	Warrenfo	eltz		2. DATE OF I	25, 199	ZEAR S	3.30 Р. м
	4. SOCIAL SECURITY NUMBER  218-30-9384  98. FACILITY NAME (If not institution, give	1XI M 2 🗆 F 95	In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		23, 1897	Md ·	ACE (State or Foreign
TOR	Citizens Nursin			Freder	ick	EATH		ederi	
DIRECTOR	10a. STATE 10b. COUN	Frederick	10c. CITY	town on Locat	on Sville				0d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 12521 Wolfsvill	e Rd.		101	21773			S.A.	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specif	in, Puerto Ricar		14. RACE - Black, Specify: Whit	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	life. Do NOT use	ork done durina mo	st of working	1/11	self-empl		
	17. FATHER'S NAME (First, Middle, Last) Daniel P. Warr	enfeltz	80		18. MOTHER'S NA		le, Maiden Surname)	904	
TO BE	19a. INFORMANT'S NAME (Type/Print) Evelyn Warrenfel	tz			nd Number or Rural Sabilla		City or Town, State, Zip	Code)	
	20e. METHOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	movet from State	PLACE OF DISPOS	ITION (Name of cer	netery, cremetory or		20c. LOCATION —		
	21. SIGNATURE OF FLINERAL SERVICE L	horse		Donal 31 E.	Main St	ompson	Funeral :	Md.	21769
	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. Congestue	ach line.	idure	_			est,	Approximate Interval Batwean Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF		ridey o	Metarl	ises		54R5
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions and the second secon	one contributing to death b	out not reaulting in	n the underlying	g cause given in		PERFORMED?	0	WERE AUTOPSY FRIDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?    YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. Pi	ACE OF DEATH (C)	heck only one)			
YSIC	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	e 5 🗆 Rasidence	8 Other (Sp	pecify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Tene	JRY WO	URY AT PRK? YES 2 NO	26d. DESCRI	BE HOW INJURY OCC	CURED	
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spec	' — At home, farm, s	treet, factory, offic			ON (Street and Number own, State)	or Rural Ro	ute Number,
COMPLETED	CONTROL OTHER	SICIAN: To the best of my know NER: On the basis of examination							and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFI	toner. In M	D		D 108	85	<b>&gt;</b> /	0/2	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	ONER, OR 2	28 N 1 M	Print) HAKET S	IT. FRED	ENCIC	MU 217	)	
	31. DATE FILED (Mornin, Day, Year)  OCT 3 0 1992	32. REGISTRAR'S SIGN	ATURE						

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	BALTIMORE, MARYLAND 21215-0020	mentine death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	fifter the control of the state	medical examiner must be notified at once.
(	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE INCOME. IN THE CONTINUE DESCRIPTION OF STREET OF STRE	TO THE FUNERAL DIRECTOR: After this certificate has a page on a stending physician and completely filled in by the fune be filed within 72 hours after death with the State Chap, or removal.	0

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		33190
	1. DECEDENT'S NAME (First, Middle, Last)  £LLIS CLARKS				2. DATE OF DEATH MONTH D	AY / YEA	R 11.50 PM
~		SEX 6. AGE (In yrs. 1	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN. ITY, TOWN OR LOCATION OF E	7. DATE OF BIFITH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign Suntry)  [aryland]
CTOF	Frederick Memo	rial Hospi		Frederic	k	Fre	ederick
- DIRECTOR		ederick		n on Location rederick			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	207 Grove Blvd			101. ZIP CODE 2170	L		J.S.A.
BY	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES		IS. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	6	ACE — American Indian, Black, Whita, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  1 1	pleted) billege (1-4 or 5+)	DECEDENT'S USUAL Give kind of work do to. Do NOT use retired Lerk of	ne during most of working d.)	166. KIND OF BUI		
OM	17. FATHER'S NAME (First, Middle, Lest)		Terk or		Freder  AME (First, Middle, Meiden		ounty
H	Allen Thoma			Elizal ESS (Street and Number or Rura		rginia	
2	Mrs. Ruth K. Wa			rove Blvd,			
	20a. METHOD OF DISPOSITION 20 Burlal 2 Cremation 3 Removal 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from Stale cemetery, of MOUI	2	et Cem. 11	/4/92 Fr		k, Maryland
	Keet Kyron	foepar MOC	706	Keeney & Ba 106 E. Chui	esford PA cch St.,	Funer Freder	al Home cick, MD 217
	23. PART I. Enter the diseases, or com- ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	RESPIRATO	RY F.	AILURE			Approximate Interval Between Onset and Desth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS  DUE TO (OR AS A CONS  OUE TO (OR AS A CONS	befructi EQUENCE OF):	ve bulmo	nary Dis	rease	YEARS. MONTHS.
PRISICIAN: MEDICAL CER	PART II. Other algnificent conditions of CONGESTIVE	HEART DIS AR	resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIPAIN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	3 DOA A DA	28. PLACE OF DEATH (C ER: fursing Home 8  Residence			
	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	·
I ED BY	Accident Investigation    Suicide   Could not be datarmined	28e. PLACE OF INJURY At I building, etc. (Specify)		1  YES 2 NO	28f. LOCATION (Street of City or Town, State)	NA A	ral Route Number,
COMPLE		: To the best of my knowledge, on the basis of examination and/o					se(s) and manner as stated.
O BE C	296. SIGNATURE AND ATTLE OF CERTIFIER	iv .		D 180			NED (Month, Qey, Year) . Z : 92
	30. NAME AND APPRESS OF PERSON WHO SO ABDUL	MAJEED	801	TOLL HOUSE	E AVE	FREDE	RICK MD
	NOV 4 1992	32. REGISTRAR'S SIGNATURE.	fandelle				21701

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires my me death or maches be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention provided and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Debt, of Hearthand News Hourse prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any mility, or other traumatic event, the medical examiner must be notified at once.
2	2 3	Ξ

1. DECEDENT'S NAME (First, Middle, Legt)	X	ates					2. DATE OF C	DEATH DAY	-9	YEAR 7	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-70-8630	5. SEX 6.	L AGE (In yrs. lest t		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	MIN.	7. DATE OF B (Month, De) FEB. 6	y, Year)	267	Coun	HPLACE (State or Foreitry) RYLAND
98. FACILITY NAME (If not institution, give start PRINCE GEORGES GE	treet and number)			96. CITY, TOWN C					9c. COU	NTY OF	
MARYLAND CHAR				LDORF	TON						10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 2011 WAKEFIELD CI	RCLE		*****		2060	02					WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO		If yes, spe	ENDENT OF	HISPANIO Mexican,	C ORIGIN? (Sp , Puerto Rican	pecify Yes	_	14. RAC Bloc	STATES  E — American Indian, ck, White, etc.  city:  BLACK
15. OECEDENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	e kind of we Do NOT use	-114 345	st of working		18b. KINI	D OF BUSI	INESS/INC	DUSTRY	Datas
12TH GRADE  17. FATHER'S NAME (First, Middle, Last)	NONE	ORD:	INAN	CE WORKE	16. MOTHE		IE (First, Middle		Sumame)		
JAMES C. BOWMAN  194. INFORMANT'S NAME (Type/Print)  SHARON E. BOWMAN				ADDRESS (Street &	and Number or	r Aural Ro		ity or Town,	, State, Zip	Code)	
20a. METHOD OF DISPOSITION 1. Decided 2 Commention 3 Remo		20b. PLACE AN	NDDATEO	COLORO CITICOLI			1 .				
4 Donation 6 Other (Specify)		ST. MAI	RY S	CHURCH 22. NAME AN	CEMET	OF FACE	ILITY		NEWP	ORT	, MARYLAN
4 Donation 6 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE LIC  1. THOR  23. PART I. Enter the diseases, or c shock, or heart failure. I immediate CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	NTON JOHNS DIPPLICATION TO THE T	ST. MAI	ATT OF STATE	CHURCH  22. NAME AN  THORN  ot anter the model	CEMET ND ADDRESS	of faci	11/28	HOME	NEWP	ONT	MARYLAN  KEY, MARY  Approximate interval Bette Onset and C
23. PART I. Enter tha diseasea, or cahock, or heart feiture. I immediate or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or nipury)	DUE TO (OR	Son Sequelety crome Si . MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN	ATT. DO NO.	CHURCH  22. NAME AN  THORN  ot anter the model	CEMET  AD ADDRESS  NTON'S  de of dying	FUI	11/28 PARTY  NERAL  se cardisc of	HOME	NEWP	PORT DMON!	MARYLAN  Approximate interval Bet Onset and E Onset an
4 □ Donation 6 □ Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the disease, or c shock, or heart failure. If iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMIDER?  1 □ YES 2 □ NO	DUE TO (OR	SON Sequelety creme SI . MAN SON Sequed the deet on sach line.  AS A CONSEQUE BAS	INTERIOR OF STATE OF	THORN of anter the model	CEMET  AD ADDRESS  NTON 'S  de of dying  g ceuse give	FUI g, such	NERAL se cardisc de la contraction de la contrac	HOME or respire	NEWP	PORT DMON!	MARYLAN  MARYLAN  Approximate interval Betto Onset and E Onset and
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32. REGISTRAR'S SIGNATURE
Sulia Davidson

31. DATE FILED (MONTH, Day, Year)
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AL SECURITY NUMBER    6	street and number)  S P T T T T T T T T T T T T T T T T T T	R IN U.S. ARMED S 2 2 NO DATES  18a. DECEDENT (Give kind. Illin. Do NO)	9b. CITY, 9b. CITY, 13. W If 1 13. W If 1 15 USUAL OC If work done of use refreed.	TOWN OR LOUBTOWN OR LOCATION  101. ZIP (	CATION OF DE	MC ORIGIN? (Specify In, Puerto Rican, etc.)  16b. KIND OF B  Tryura  ME (First, Middle, Maide  A Dupp  Route Number, dry br T	9c. COUNTY  9c. COUNTY  10g. CITIZEN  10s or No. 14.  14.  15.  16.  16.  16.  16.  16.  16.  16	10d. INSIDE CITY LIMITS?  1 YES 2 NO FWHAT COUNTRY?  1. SACE—American Indian, Black, White, etc. Specify: Black  TRY  (10d. INSIDE CITY  1
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ITAL STATUS  Ver Married 2 Married  dowed 4 Divorced  15. DECEDENT'S EDI (Specilly only highest greck  centary/Secondary (0-12)  ER'S NAME (First, Michile, Lest)  ORMANT'S NAME (First, Michile, Lest)  ORMANT'S NAME (First, Michile, Lest)  ORMANT'S NAME (First, Michile, Lest)  ORMANT'S NAME (First, Michile, Lest)  ORMANT'S NAME (First, Michile, Lest)  ORMANT'S NAME (First, Michile, Lest)  ALL  ORMANT'S NAME (First, Michile, Lest)  ORMANT'S NAME (First, Michile, Lest)  ALL  ORMANT'S NAME (First, Michile, Lest)  ORMANT'S NAME (First, Michile, Lest)  ALL  ORMANT'S NAME (First, Michile, Lest)  ORMANT'S NAME (First, Michile, Lest)  ALL  ORMANT'S NAME (First, Michile, Lest)  ORMANT'S NAME (First, Michile, Lest)	POUT OF STATE  POUT O	R IN U.S. ARMED S 2 2NO DATES  16a. DECEDENT (Give kind inc. Do NOT)  19b. MAILI 2 8	13. W If 1 1 S USUAL OC If work done of use retired.)  ING ADDRESS OF DISPOSIT Other place	UNS DECEMBER  Yes, specify ( YES 2    CUPATION  Uring most of w  (Street and Num	NT OF HISPAN Cuben, Mexica NO Specify vorking  MOTHER'S NA	ME (First, Middle, Maide  Appl	USINESS/INDUS  ed Work  in Surname)  Day, Stehe Zip Co	LIMITS?  I YES 2 N  N OF WHAT COUNTRY?  I. SACE - American Indian, Black, White, etc.  Specify: Black  TRY  (4005 In 5 Face)  Who Med 212
ITAL STATUS  Ver Married 2 Paterried  dowed 4 Divorced  15. DECEDENT'S EDI (Specify only highest grack entistry/Secondary (0-12)  ER'S NAME (First, Michin, Lest)  CORMANT'S NAME (Type/Print)  THOD OF DISPOSITION heal 2 Cremetton 3 Ren nation 5 Dither (Specify)  ATURE OF FUNERAL SERVICE LI	FORCES? 1 YES IF YES, GIVE WAR OR  ICATION 9 completed)  College (1-4 or 5+)  FULL  College (1-4 or 5+)  College (1-5 or 5+)	19b. MAILI  19b. PDACE AND DAT  9/908/by, crematory or	S USUAL OCI if work done do use retred.)	Z/ WAS DECENDED Types, appecity ( VES 2 ST  CCUPATION Uring most of w  (Street and Num	NT OF HISPAN Cuben, Mexica NO Specify vorking  MOTHER'S NA	ME (First, Middle, Maide  Appl	USINESS/INDUS  ed Work  in Surname)  Day, Stehe Zip Co	P. S-A  RACE - American Indian, Black, White, etc.  Specify: Black  TRY  Years Ins Fur
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riel 2 Cremation 3 Rennation 5 Other (Specify)  ATURE OF FUNERAL SERVICE LI	noval from State	emetery, crematory o	other place	TION (Name of	7/0+	DATE 20c. I	OCATION - City	os Town, Stata
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RT I Enter the diseases or	11000	· h	4	larch F	oness of fa F/H We Wabash	st Avenue		
shock, or heart failure.  PIATE CAUSE (Final or condition	eomplications that cause control only one cause on a. DUE TO (OR AS	each line.	i h				piratory arrest	Approximate interval Bette Onset and D
leading to immediate Enter UNDERLYING (Disease or injury	c							
ng in death) LAST	d							
Other significant condition	ns contributing to death	but not resulting	in the und	derlying cau	se given in	PERF	ORMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 -NO
MINER?	HOSPITAL:	urtpatient 3 DOA		:				
Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	Y 28b. T	IME OF NJURY M	28c. INJURY A WORK? 1 YES	AT .		INJURY OCCUR	RED
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	ntielly list conditions, leading to immediate Enter UNDERLYING (Disease or injury Italian extra print in death) LAST  CASE REFERRED TO MEDICAL MINER?  YES 2 NO  NER OF DEATH  Natural 5 Pending Investigation Suicide 6 Could not be determined  ITIFIER 1 CERTIFYING PHYS	a. DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE  Intially list conditions, leading to immediate Enter UNDERLYING (Disease or injury kitsted events and in death) LAST  DUE TO (OR AS A CONSEQUENCE or DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE OR DUE TO (	DUE TO (OR AS A CONSEQUENCE OF):  Intelly list conditions, leading to immediate Enter UNDERLYING (Disease or injury littated events and in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUE	DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):	DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):	DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):	DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):

S. BIRTHPLACE (State or Foreign

Maryland

3. TIME OF DEATH

DHMH-16 Rev 1/89

4. SOCIAL SECURITY NUMBER

216-03-2286

YRS

IF UNDER I YEAR | IF UNDER 24 HRS.

HOURS

DAYS

6. AGE (In yrs. last birthday)

Mary Frances Armstrong

5. SEX

1 M 2 X F

2. DATE OF DEATH

Nov.30,

7. DATE OF BIRTH (Month, Day, Year) 10/27/15

1992

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the flours after death with the State Dent of Health and Mental Housen prior to hind cremation or removal

묠 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Carroll County General Hospt. DIRECTOR Westminister Carroll RESIDENCE OF DECEDENT Baltimore TOWN OR LOCATION Halethorpe 10d. INSIDE CITY LIMITS? 1 YES 2 NO BY FUNERAL 10g. CITIZEN OF WHAT COUNTRY? USA 1714 Selma Avenue 101. ZIP CODE 21227 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 Y NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Pu 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Clerk Retail notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Sumeme) Walter F. Geary, Sr. 8 Laura A. Redmond 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Richard D. Armstrong, Jr. 4689 Doncrest Court Sykesville 21784 must be 20s. METHOD OF DISPOSITION

1 M Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE New Cathedral Cemetery 12/4/92 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home 1328 Sulphur Spring Road, Arbutus, Md medical 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Dasth the disesse or condition arpio-Pulmana resulting in death) marked, or Item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 12B 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER:
4 Nursing Nome 5 Residence 8 Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 266. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 99 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) ETED. 6 Could not be 4 Homlelde 28 determined Rem 1 GENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. = 2 \_\_ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) West & Kewer F 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 86305,0 31. DATE FILED (Month, Day, Year) DEC 0 3 1992

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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E COMPLETED BY FUNERAL DIRECTOR	SOCIAL SECURITY NUMBER  2/3 32 20 90  I. FACILITY NAME (If not institution, give a  L O C h R a V e n V A  ESIDENCE OF DECEDENT  a. STATE 10b. COUNT  MD  O. STREET AND NUMBER  5 28 Windemer e  MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced  15. DECEDENT'S EDU  (Specify only highest grade  Elementary/Secondary (0-12)  A	AV e.  12. WAS DECEDENT FORCES?  14 YES, GIVE V	IT EVER IN U.S. A	7 YRS.		B a	HOURS HOURS	MIN.	ATE OF BIRTH Month, Day, Year)	3.5 9c. COUNT	Country)	ACE (State or Foreign
E COMPLETED BY FUNERAL DIRECTOR	LOCH RAVEN VA  ESIDENCE OF DECEDENT  a. STATE 10b. COUNT  MD  • STREET AND NUMBER  528 Windemer e  MARITAL STATUS  Never Merried 2 Married  Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade  Elementary/Secondary (0-12)	AV e.  12. WAS DECEDENT FORCES?  14 YES, GIVE V	IT EVER IN U.S. A		TY, TOWN OR	B a	ltim			9c. COUNT	Y OF DEAT	гн
E COMPLETED BY FUNERAL	estidence of decedent  a. STATE  MD  b. STREET AND NUMBER  5 2 8 Windemere  MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced  15. DECEDENT'S EDU  (Specify only highest grade)  Elementary/Secondary (0-12)	AV C.  12. WAS DECEDEN FORCES? 11 FYES, GIVE V	IT EVER IN U.S. A		-20	LOCAT		OT E				
E COMPLETED BY FUNERAL	MD  STREET AND NUMBER  528 Windemere  MARITAL STATUS  Never Merried 2 Married  Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade  Elementary/Secondary (0-12)	AV C .  12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		-20		ION				140	d. INSIDE CITY
E COMPLETED BY	.528 Windemere	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2			, , ,						LIMITS?
E COMPLETED BY	MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade  Elementary/Secondary (0-12)	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2				21218	3		US A		AT COUNTRY?
17. S	(Specify only highest grade Elementary/Secondary (0-12)			ARMED NO	H :	yes, spe		Maxican, Pu	RIGIN? (Specify Yes arto Rican, etc.)	n or No- 1	Black, W Specify:	American Indian, White, etc.  Black
S		completed)  College (1-4 or 5  A Degre	+)	DECEDENT': (Give kind of life. Do NOT (	S USUAL OCC work done du use retired.)	UPATIO	ON set of working		Teams		STRY	
	FATHER'S NAME (First, Middle, Last)  amuel Clayton							" a lift content.	irst, Middle, Melden Matth			
	onya Bradley								Number, City or Tow Baltim			21218
11	A METHOD OF DISPOSITION  Burlai 2 Cremation 3 Rem  Donation 5 Other (Specify)  SIGNATURE OF FUNERAL MERVICE U				re of dispos	eme	tery		Ва	altim		
li d	3. PART I. Enter the diseases, or shock, pr heert fellure.  MMEDIATE CAUSE (Finel lisease or condition seuting in death)	List only one ce	et caused the use on each li	ne.	not antar t		ode of dyln		cardiac or resp		et,	Approximat Interval Bat Onset and
			SETSE		OF):							12 Ms 1
IFICATI FO 0 #	equentisliy list conditions, sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events	c	O (OR AS A CONS									
MEDICAL	ART II. Other significant condition  Open Warn  VA PV		A II A	_		erlying	g cause gl	iven in Part		RMED?	O O	ERE AUTOPSY FIN MAILABLE PRIOR TO OMPLETION OF CA F DEATH?  YES 2 NO
PHYSICIAN:	S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:		2410	ATH (Check o	nly one) Other (Specify)			
Hd AB	7. MANNED OF DEATH  1 Natural 8 Pending 2 Accident Investigation		Day, Year)		M	1 🔲 '	JURY AT ORK? YES 2 [		I. DESCRIBE NOW	INJURY OCCI	JRED	0.5
COMPLETED	3 Suicide 8 Could not be determined	28a. PLACE building	OF INJURY At , etc. (Specify)	home, farm	, street, facto	ry, offic	ca .	281	. LOCATION (Street City or Town, State	and Number o	or Rural Rou	te Number,

JAA)/
32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	WHALL DRIGGOR After this certificant has been signed by the attending physician and complexity filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	e medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68769,	CONTRIBUTIONS PROSICIANT. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	REAL DIRECTOR After this certificate has been signed by the attending physician and completely	Min 72 hours after death with the State Dept. of Health and Mental Hygiese prior to burtal, cremation, or removal.	NYT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)  THUMAS M. BASS  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	BASS		2. DATE OF DEATH MONTH 12 02	DAY 1992	
	038-26-8144  9a. FACILITY NAME (If not institution, give s	1 🔯 M 2 🗆 F	48 YRS. M	F UNDER 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.  B. CITY, TOWN OR LOCATION OF		1944 I	RHODE ISLAND
DIRECTOR	ANNE ARUNDEL MED	ICAL CENTER		ANNAPOLIS	DEATH		E ARUNDEL
	MD ANNE	ARUNDEL		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
FUNERAL	48 RIDGE AVE.	12. WAS DECEDENT EVER		101. ZIP CODE 21037		U.S.	A.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 23 NO	13. WAS DECENDENT OF HISP, If yes, specify Cuben, Maxic 1 YES 2 NO Specify NO Specific No. 1	can, Puarto Rican, etc.)	es or No 14	I. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use r	k done during most of working etired.)	16b. KIND OF B	USINESS/INDUS	
COMP	17. FATHER'S NAME (First, Middle, Last)	NONE	HEALTH CA		NURS	NG HOM	IE.
TO BE COM	EVERETT BASS  190. INFORMANT'S NAME (Type/Print)  LYNDON MANN			ORESS (Street and Number or Rura			ode)
	20s. METHOD OF DISPOSITION  1  Burlel 2  Cremetton 3  Rem  4  Donatton 5  Other (Specify)	oval from State 20	b. PLACE AND DATE OF	OX 357 RANDOLE DISPOSITION (Name of place) CAD CEMETERY	DATE 20c, L	OCATION — CIT	y or Town, State
	21. SIGNATURE OF FUNDRAL SERVICE LIC	ENSEE SIN	Soul	22. NAME AND ADDRESS OF F SINGLETON FUN	NERAL HOME		VERMONT  E, MD 21061
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enfer UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	HCQUIP DUE TO JOH AN	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	kaposi's  mmuno def  tion	Surcom	q d wee	interval Between Onset and Death
MEDICAL	PART II. Other significant condition	s contributing to death t	out not resulting in t	he underlying cause given in	Part I. 24a. WAS AI PERFO 1 🖂 YES	NHED?	24b. WERE AUTOPSY PRODRIGS ARKE ARLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 200
PHYSICIAN:	DS. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C) THER:  ☐ Nursing Home 5 ☐ Residence	minutes de la company de la co		
ву РН	27. MANNER OF DEATH  1 Adults 5 Panding 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW	BUURY OCCUR	ED
	3	26e. PLACE OF INJURY Instituting, etc. (Spe	f — At home, ferm, stree city)	if, factory, office	281. LOCATION (Street City or Times, State	and Number or i	Runal Plaute Number
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	E On the basis of examination	riedge, deeth occurred a in and/or investigation, i	t the time, date and place, and du n my opinion, death occured at the	to live cause(s) and ma time, date and place, a	noer so stated. nd shar to the c	suss(s) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF SENTINEER	Teles J.	P. Serlemi		55 Y	29d. DATE 50	GMED (Morm, Day, Year)
	180 Aclm 12 Coch	rone Dr.	Appra	olis, m	0 21401		
	DEC 0 3 1992	geta seules	August 1				

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BALLIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	IN PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
CIVISION OF VITAL RECORDS, F.O. BOA 68760, BALLIMOHE, MARYLAND 21215-0020	L B ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the very after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MT. Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	)	OLN	TIFICAT	LOFI	ZENIII		REG. NO.			. TIME OF DEATH
9	Dann	4 Britt	20				MON	AD HI	9	YEAR	12:55+
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. lest birti	MONTHS	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	8	BIRTHPI Country)	ACE (State or Foreign
Ĭ	552-38-6758  Sa. FACILITY NAME (If not institution, give	1 M 2 🗆 F	07 Y	rs.			Ac	1803	1933	Cal	ifornia
ECTOR	Greater Laurel RESIDENCE OF DECEDENT	Betsuille A	Pospet	26 96. 61		UREL			Press		Florise
350	10a. STATE 10b. COUNT	TY	10	c. CITY, YOWN	OR LOCATIO	N .				1	Od. INSIDE CITY
DIR		ne Arundel		Linth	nicum					1	LIMITS?
UNERAL	100. STREET AND NUMBER 624 North Hammor	nds Ferry Road			10f. i	2109	90		10g. CITIZE	USA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	10	If yes, spec	IDENT OF HISPI Ify Cuban, Mexic	UNIC ORIGI	N? (Specify Yes Rican, etc.)	or No— 14	4, RACE -	- American Indian, White, etc.
ED B	15. DECEDENT'S ED	1									white
	(Specify only highest grad Elementary/Secondary (0-12) 7th	College (1-4 or 5 +)	(Give ki ille. Do i	ENT'S USUAL ind of work don NOT use retired	e during most .)		16	Mfq		STRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)			1		18. MOTHER'S N	AME (First,				
ш	Ernest Britton					unk					
6	19a, INFORMANT'S NAME (Type/Print)					Number or Rura					
	Rosemary B. Brit										21090
	20e. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  Rer  4  Donation 5  Other (Specify)	moval from State come	PLACE AND D	ry or other place	osition(Name) Mators		12/4	92 Lau	cation - ch		1
Ì	21. SIGNATURE OF FUNERAL SERVICE L			V) 2	. NAME AND	ADDRESS OF F	ACILITY				
	Lance	200	-	37 2	2719 H	e Funer ammonds	Fr.	Rd. La	ansdov	me,	e Md. 212
	23_PART i. Enter the diseases, or shock, or heart fellure	complications that caused. List only one cause on ea	the death.	Do not ente	er the mode	of dying, su	ch as car	dlac or reapli	ratory arres	ıt,	Approximata Interval Betw
NOI	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	PH	A GI	A.						Twe
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. ADEN DUE TO (OR AS A			INOI	MA	370	MACH	<i>t</i> .		
MEDICAL (	PART II. Other algnificent condition	CACHEX	it not resul	iting in the u	underlying	cause given l	Part I.	24a. WAS AN PERFORI	MED?	0	PERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS F DEATH?
							_			1	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				CE OF DEATH (C	heck only o	ne)			
YSI	1 TYES 2 NO	1 Ninpatient 2 ER/Outpa				5 - Residence	6 🗆 Oth	er (Specify)			
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	286	b. TIME OF INJURY	28c. INJUI WORI	(?	28d. DE	SCRIBE HOW IN	JURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specia	Al home, f			S 2 NO		CATION (Street a or Town, State)	nd Number or	Rural Roo	ite Number,
COMPLET		SICIAN: To the best of my knowle									nd menner se state
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	ayeum m	· D -			D21	29	4	D 22	2/1	fonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WITH ABDUL NAYEE  31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		(Type, Print)	EADE	ROA.	D, L,	AURI	52,0	4.0	.20724
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	ucu 0 3 1992 7	Such secol designation ! Co. to.									

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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 1	1. DECEDENT'S NAME (First, Middle, Last)	William	RC	YLE	2. DATE OF DEATH DO NORTH	AY YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0, 1992	2:35 A M
	176-16-6967	1 × M 2 □ F		NTHS DAYS HOURS MIN.	(Month, Day, Year)	Con	ATHPLACE (State or Foreign Unity)
	9a. FACILITY NAME (If not institution, give a	street and number)	91	CITY, TOWN OR LOCATION OF		Sc. COUNTY OF	F DEATH
DIRECTOR	FRANKIIN RESIDENCE OF DECEDENT	Square		Baltimor	<u>_</u>	Baltim	ore County
Ĭ,	10a. STATE 10b. COUNT	Υ , 1	2.0	OWN OR LOCATION			10d. INSIDE CITY
	mo. Bo	ultimore	. 0	undalk			1 TES 2 (NO
FUNERAL	10s. STREET AND NUMBER	1010 1.	. 0	10f. ZIP CODE	-	10g. CITIZEN O	F WHAT COUNTRY?
N	13 16 1) C.	12. WAS DECEDENT EVER	VC_	2/22	2	<u> </u>	S.A
	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	13. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic  1  YES 2 NO Spec	can, Puerto Rican, etc.)	Bi	ACE — American Indian, lack, White, etc.
1 84	3 Widowed 4 Divorced	WWI	T	TES 2 IS NO Space		SF.	white
ED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working		SINESS/INDUSTRY	1
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		RICIAN	BET	h St	·e21
5	17. FATHER'S NAME (First, Middle, Last)	2 - 1 -		18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
2	20HN 1	DOYLE		Jan		1th K	sert
2	Lorraine F	1. Boyle	196. MAILING AD	ORESS (Street and Number or Rura  DE   VALC	1 - /	salto. 1	nd. 21222
į	2ta_METHOD OF DISPOSITION  1  Burlet 2  Cremation 3  Rem  4  Donation 5  Other (Specify)		b. PLACE ANO OATE OF Cometery, crematory or other		DATE 20c. LO	CATION - City or	Town, Stata
-	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE		22. NAME AND ADDRESS OF F	ACILITY	21 1+or	ne Dundal
	· Colt C	melle	_	7110 Solles		1- Duni	dolk 71221
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on a	d the death. Do not each line.	enter the mode of dying, su	ch as cardiac or respi	ratory arrest,	Approximate Interval Between
ł	iMMEDIATE CAUSE (Final disease or condition	1.1					Onset and Death
H	resulting in death)			diovascular d	isease		
		DUE TO (OR AS	A CONSEQUENCE OF:				
2		DUE TO (OR AS		ilure			
NOIN	Sequentially list conditions, if any, leading to immediate	_ Congestiv	e heart fa a consequence of):	ilure			
CALION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Congestiv	e heart fa A CONSEQUENCE OF: Ufficiency				
ILLICATION	If any, leading to immediate cause. Enter UNDERLYING	Congestiv	e heart fa A CONSEQUENCE OF):				
CENTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Congestive Due to (or as Due to (or as Due to (or as Due to (or as de de de de de de de de de de de de de	e heart fa a consequence of): ufficiency a consequence of):				
3	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Congestive Due to (or as Due to (or as Due to (or as Due to (or as de contributing to death it	e heart fa a consequence of): ufficiency a consequence of):		n Part I. 24e. WAS AN		14b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO
DICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Congestive Due to (or as Due to (or as Due to (or as Due to (or as de contributing to death it	e heart fa a consequence of): ufficiency a consequence of):		n Part I. 24a. WAS AN PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Congestive Due to (or as Due to (or as Due to (or as Due to (or as de contributing to death it	e heart fa a consequence of): ufficiency a consequence of):		PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorificant condition POSSIBLE Chole  25. WAS CASE REFERRED TO MEDICAL	E. Congestive Due to (or as Du	e heart fa a consequence of): ufficiency a consequence of): but not resulting in t		PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition Possible chole	Congestive Due to (or as Due to (or as Due to (or as Due to (or as de contributing to death it	e heart fa A CONSEQUENCE OF):  Ufficiency A CONSEQUENCE OF):  but not resulting in t	he underlying cause given in	PERFOF  1 YES 2  Theck only one)	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition POSSIBTE ChOTE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO  27. MANNER OF DEATH	E. Congestive Due to (or as Du	e heart fa A CONSEQUENCE OF):  Ufficiency A CONSEQUENCE OF):  but not resulting in t	26. PLACE OF DEATH (C	PERFOF  1 YES 2  Theck only one)	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BI PRISICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition POSSIBLE ChOLE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation	b. Congestiv DUE TO (OR AS c. Renal ins DUE TO (OR AS d. Stasis  MOSPITAL: V. Vinpetient 2 = ER/Out (Month, Day, War)	e heart fa a consequence of):  Ufficiency a consequence of):  but not resulting in t	26. PLACE OF DEATH (C FHER: Nursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO	PERFOR  1 YES 2  Theck only one)  a Other (Specify)  28d. DESCRIBE HOW I	MED?  X) NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 □ YES 2 ※ NO
of raisician: Medical Ce	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition POSSIBLE CHOLE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	b. Congestiv DUE TO (OR AS c. Renal ins DUE TO (OR AS d. Stasis  MOSPITAL: V. Vinpetient 2 = ER/Out (Month, Day, War)	e heart fa a consequence of):  Ufficiency a consequence of):  but not resulting in t  petient 3 DOA 4  26b. TIME 0  INJURY  Y — At home, farm, street	26. PLACE OF DEATH (C FHER: Nursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO	PERFOR  1 YES 2  Check only one)  8 Other (Specify)	MED?  X) NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 □ YES 2 ⋈ NO
of religions, medical ce	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition POSSIDTE ChOTE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural 5   Pending Investigation   Suicide   Homicide   Could not be determined    29a. CERTIFIER (Check only)   CERTIFYING PHYSICAL   CANADER   Control of the cause   Control only   CERTIFYING PHYSICAL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER	b. Congestiv DUE TO (OR AS  c. Renal ins DUE TO (OR AS  d.  The contributing to death is Stasis  MOSPITAL: VV Impatient 2 ER/Out  28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Spe	e heart fa  A CONSEQUENCE OF):  Ufficiency A CONSEQUENCE OF):  but not resulting in t  petient 3 DOA 4  266. TIME 0  INJURY  Y — At home, farm, streecity)	26. PLACE OF DEATH (CITHER: Nursing Home 5 Residence WORK? M 1 YES 2 NO	PERFOR  1 YES 2  Check only one)  a Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)	NJURY OCCURED and Number or Run	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
COMPLETED DI TRIBICIANI MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition POSSIDTE ChOTE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Natural 5   Pending Investigation   Suicide   Homicide   Could not be determined    29a. CERTIFIER (Check only)   CERTIFYING PHYSICAL   CANADER   Control of the cause   Control only   CERTIFYING PHYSICAL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER   CONTROL   CANADER	b. Congestiv DUE TO (OR AS C. Renal ins DUE TO (OR AS d. B. CONTRIBUTING TO (OR AS DUE	e heart fa  A CONSEQUENCE OF):  Ufficiency  A CONSEQUENCE OF):  but not resulting in t  petient 3 DOA 4  266. TIME 0  INJURY  Y — At home, farm, streecity)	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO R, factory, office	PERFOR  1 YES 2  Check only one)  28 Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  to the cause(s) and mare  to the cause(s) and mare  time, data and place, an	NJURY OCCURED and Number or Run oner as stated. d due to the caus	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 N NO  al Route Number,
DE COMPLETED BY PRISICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition POSSIBLE ChOLE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICAL EXAMINER	b. Congestiv DUE TO (OR AS C. Renal ins DUE TO (OR AS d. B. CONTRIBUTING TO (OR AS DUE	e heart fa  A CONSEQUENCE OF):  Ufficiency  A CONSEQUENCE OF):  but not resulting in t  petient 3 DOA 4  266. TIME 0  INJURY  Y — At home, farm, streecity)	26. PLACE OF DEATH (CITHER: Nursing Home 5 Residence WORK? M 1 YES 2 NO	PERFOR  I YES 2  Check only one)  a Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  te to the cause(s) and mare time, data and place, an	NJURY OCCURED and Number or Run oner as stated. d due to the caus	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  al Route Number,  e(s) and manner as stated.  ED (Month, Day, Year)
or comprehensions, medical of	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition POSSIBLE ChOLE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICAL EXAMINER	b. Congestiv DUE TO (OR AS  c. Renal ins DUE TO (OR AS  d. Stasis  MOSPITAL: VV Impatient 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, etc. (Special Content of the basis of examination	e heart fa a consequence of):  Ufficiency a consequence of):  Dut not resulting in the consequence of):  Dut not resulting in the consequence of the consequence of):  26b. Time of any of the course of the colly)  Y — At home, farm, street of the colly of the course of the colly	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO R, factory, office  It the time, date and place, and du i my opinion, death occured at th	PERFOR  1 YES 2  Check only one)  28 Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  10 to the cause(s) and mare time, data and place, and mare time, data and place, and mare time.	NJURY OCCURED and Number or Run oner as stated. d due to the caus	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 N NO  al Route Number,  e(s) and manner as stated.  ED (Month, Day, Ver)
PHISICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition POSSIBLE CHOLE  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	b. Congestiv DUE TO (OR AS  c. Renal ins DUE TO (OR AS  d. Stasis  MOSPITAL: VV Impatient 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, etc. (Special Content of the basis of examination	e heart fa  A CONSEQUENCE OF):  Ufficiency A CONSEQUENCE OF):  but not resulting in the patient of the patient	26. PLACE OF DEATH (CITY THER:  Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO 4, factory, office	PERFOR  1 YES 2  Check only one)  28 Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  10 to the cause(s) and mare time, data and place, and mare time, data and place, and mare time.	NJURY OCCURED and Number or Run oner as stated. d due to the caus	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 N NO  al Route Number,  e(s) and manner as stated.  ED (Month, Day, Ver)



5 5 3 M

BALTIMORE, MARYLAND 21203-3146	flours after death. Page 6 may be retained by the hospital or attending physician.	ETAL URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should to have after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PRINCIPAL PRINCIPAL PHYSICIAN: The law requires that the death certificate be executed within a yours after death. Page 6 may be retained by the hospital or attending physician.	THE CITY After this certificate has been signed by the attending physician and completely filled in by the fit is have after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	THIMM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF		D MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last	)				2, DAT	E OF DEATH	Y YE		TIME OF DEATH
	GEORGE	ALLEN	BARBOUR			11				0:20 P. M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR			E OF BIRTH nth, Day, Year)	0. 8	SIRTHPLA Country)	CE (State or Foreign
	241-24-5757	1 M 2 F	79 YRS.			4-	25-1917			CAROLINA
<b>~</b>	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF	F DEATH		9c. COUNTY	OF OEATI	4
DIRECTOR	564 WILSON STR	EET		BALTI	MORE			BALTI	MORE	
E	10e. STATE 10b. COUN	тү	10c. CIT	Y, TOWN OR LOC	ATION				100	I. INSIDE CITY LIMITS?
1	MD.			BALTI	MORE				'X	YES 2 NO
₹ Z	10e. STREET AND NUMBER				of. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	564 WILSON STRE				21217			USA.		
5	11. MARITAL STATUS  1 Never Married 2 Merried		YES 2 NO	If yes,	ECENDENT OF HIS specify Cuben, Me	xicen, Puerte		or No- 14.	Black, WI	American Indien, hite, etc.
8	3 Widowed 4 Divorced	IF YES, GIVE WAI	R OR DATES	1 - YI	S 2 NO Sp	ecify:			Specify: BLA	CK
ETED	15. DECEDENT'S EC		16a. DECEDENT'S	USUAL OCCUPA	FION most of working	10	66. KIND OF BU	SINESS/INDUST	RY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during is se retired.)						
COMPL			SCHOOL	TEACHE			7000 1000			
	17. FATHER'S NAME (First, Middle, Last)						, Middle, Maiden	Sumame)		
BE	USCAR BARBOUR  190, INFORMANT'S NAME (Type/Print)		195 MAIL INC	ADDRESS (Street	ANN I	E BAR		n State 7in Cor	fe)	
2	ANGELA ENNIS				STREET,				•	
	20e. METHOD OF DISPOSITION	- 20.	20b. PLACE OF DISPO					CATION — City		State
	1X Buriel 2 Cremation 3 Re 4 Donetion 5 April (Specify)	movel from State	ARBUTUS	CEMETER	Y		ARE	UTUS,	MARY	LAND
	21. SIGNATURE OF UNERAL SERVICE	LICENSEE	1		AND ADDRESS OF		T->	777777777777777777777777777777777777777		73. 4
	1 (120)	-	$\sim$	1913 W	PH H. E. BALTIMUI	ROWN .	JR. FUN BALTO. 1	ERAL H D. 21223	OME,	P.A. D. BOX 4433
	23. PART I. Enter tha diseases, o									Approximate
	ahock, or haart failure IMMEDIATE CAUSE (Final									Interval Between Onset and Death
	disease or condition resulting in death)		67 C		ER					
		DUE TO (C	OR AS A CONSEQUENCE O	F):						
NO	Sequentially list conditions,	b	OR AS A CONSEQUENCE O	F):						
CAT	if any, laeding to immediata cause. Enter UNDERLYING	c								
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (C	OR AS A CONSEQUENCE C	PF):						
CERTIFICATION	resulting in death) LAST	d								
AL C	PART II. Other algnificant conditi	ona contributing to d	eath but not resulting	in the underly	Ing cause give	n In Part I.				RE AUTOPSY FINDINGS
							PERFO		CO	AILABLE PRIOR TO HMPLETION OF CAUSE DEATH?
MEDIC										YES 2 NO
									- 0	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH	(Check only	one)			
YSI	1 TYES 2 NO		ER/Outpatient 3 DOA	4 - Nursing H	ome 5 Reside					
РНУ	27. MANNER OF DEATH  1 Matural 5 Pending	26e. DATE OF II (Month, Day		JURY	NJURY AT WORK? YES 2 NO	-	EŞCRIBE HOW	INJURY OCCUR	ED	
B	2 Accident Investigation 3 Suicide 6 Could not be	28a PLACE OF	INJURY — At home, farm,			-	DCATION (Street	end Number or	Runel Rout	e Number.
밀	3 Suicide 6 Could not b	bullding, e	tc. (Specify)	•		C	ity or Town, State			
LET	29e. CERTIFIER 1 CERTIFYING PH	/SICIAN: To the best of n	ny knowledge, death occur	red at the time, d	ate end place, end	due to the	cause(e) and me	nner as stated.		
COMPL	one)		mination end/or investigati						euse(s) er	nd manner as stated.
O	29b. SIGNATURE AND TITLE OF CERTIF	TIER			29c. LICENSE	NUMBER		29d. DATE S	IGNED (M	orith, Day, Year)
00	Mandel	whohe	- no		129	07	1	<b>&gt;</b> 1	1.2	8.92
임	0	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	e, Print)	le -	_ 0.		4.5		
	KIKRISHWAN,	MD 851	N: EUT	tw s	7 # 30.	5 KA	HAIM	ORE	us	21201
	DEC 0 3 1992	gul Time	3 John Steel							
	DEO O D IOSE									

at her make the

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020	SIGLAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be state Dent. of Health and Mental Hotiere prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE CONTINUOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	A INFA., DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further than the state death with the State Dent, of Health and Mental Hoslene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
UEC 0 3. 1992

	rst, Middle, Last)							2. DATE OF DEAT	TH DAY	YEAR	3. TIME OF DEATH
		Kather	ine An	na	Carlis	sle		12		992	- 1
4. SOCIAL SECURITY NUI 214 12 9		5. SEX 1 M 2 X F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 Y	EAR IF UNDER	MIN.	7. DATE OF BIRT (Month, Day, Ye 01/04/	1904	Country	yland
9a. FACILITY NAME (# not Meridian		street and number) ng Center	Mano Caton	or		own or Locati		City		INTY OF DE	
RESIDENCE OF DE	10b. COUNT	Y		10c. CIT	Y, TOWN OR I	LOCATION					10d. INSIDE CITY
Maryland	==			E	altimo	ore					1 X YES 2 NO
10e. STREET AND NUMBE						101. ZIP COD			10g. CI1	IZEN OF W	HAT COUNTRY?
3330 Wil	kens A						229			U.S.A	
11. MARITAL STATUS  1 ☐ Never Married 2 [ 3 ☒ Widowed 4 ☐ Di		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X		If ye		n, Mexica	IIC ORIGIN? (Speci n, Puerto Ricen, et		14. RACE Black Specif	- American Indian, White, etc. y: White
	ECEDENT'S EDU				USUAL OCCU			16b. KIND C	F BUSINESS/IN	DUSTRY	WIIICC
Elementary/Secondary		College (1-4 or 5 +	) life.	. Do NOT u	work done duri se retired.)	ing most of world	ng				
6th Grad			S	ales					ail St	ore	
17. FATHER'S NAME (First,		William G					Anı	ME (First, Middle, M na Geise	n		
Katherin		es						pt. 1B I			Md. 21227
20a. METHOD OF DISPOS 1 M Burial 2 ☐ Crema 4 ☐ Donation 6 ☐ Oth	tion 3 🗆 Ren	noval from State	20b. PLACE of cemetary Glen	AND DAT	e of disposi or other place n Memo	orial F	Park	12/5 G	len Bu		Maryland
21. SIGNATURE OF FUNE		2 Bras	nise	ish	22. NA Geo 400	me and address orge J. )1 Ritc	Gon Gon hie	cury Ce Funei Hwy. Ba	cal Hom	e P.A	
23. PART I. Enter the	diseeses, or	complications the	t caused the de	ath. Do	not enter th	e mode of dy	ing, suc	h se cerdiac or	raspiratory s	rrest,	Approximate interval Between
iMMEDIATE CAUSE (I disesse or condition resulting in death)	Finsi	. A	cule		Asp	wali	m	Prec	mou	10	Onset and Des
Sequentially list condification in the sequential in the sequence of the sequential in the sequential initiated events	nediate LYING njury	Multiple to	Cere	QUENCE O	0 60	ne	la	Acc	cides	ds	1480
resulting in death) L/		ns contributing to	death but not	resulting	in the unde	orlying cause	given in	PI	AS AN AUTOPSY ERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	cant condition										I HES 2 HO
PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the significant of the signi		HOSPITAL:	Lets sines		OTHER:	26. PLACE OF I	A VOICE OF	M-128-13 TA		10	1 729 2 1 100
PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the sig		1 Inpatient 2 I	INJURY	28b. TII	OTHER: 4 Nursin HE OF 21 JURY 21		esidence	8 Other (Specification DESCRIBE		CCURED	1 1 1 1 2 1 10
PART II. Other significations of the signification	TO MEDICAL	1 ☐ Inpatient 2 ☐ 28a. DATE OF (Month, D) 28a. PLACE O	INJURY	28b. TH	OTHER: 4 Nursin ME OF 21 JURY M	g Home 5 R Bc. INJURY AT WORK? 1 YES 2	esidence	6 Other (Specif	HOW INJURY O		

PANIS. KARIPINENI M.D. 960 ANNAPOLIS RD.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL ON NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be considered that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I		) / DEPAI CERTIF					MENT	AL HYGIEN			
- (0	1. DECEDENT'S NAME (First, Middle, Lest)									TE OF DEATH	AY 7 C	YEAR	3. TIME OF DEATH
	FREDERICK	DOUGLAS 5. SEX			TCH				-	16	19	92ª	9,15 AH
	212-60-6782	5. SEX 1 🛣 M 2 ☐ F	6. AGE (In yrs	i. last birthday)	IF UNDER	DAYS	HOURS	24 HRS.	(Mc	re of Birth orth, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign (Y)
	Sa. FACILITY NAME (If not institution, give			40	9b. CITY	, TOWN (	OR LOCATI	ON OF D	_	10-1952	9c COU	NTY OF D	EATN
DIRECTOR	1216 WEST CROS	SS STRE	ET				ore		ity				
H.	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	MD.				DAL	[ IMO]							1 VES 2 NO
RA	1954 PRESSTMAN P	IACE				101	. ZIP COD				10g. CIT		VHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC		217	NIC OBI	GIN? (Specify Ver	or Ho	USA.	
	1 Never Married 2 Married	FORCES?	YES 2	NO		If yes, sp		n, Mexica	in, Puerl	o Rican, etc.)	01 NO-	Blac	— American Indian, k, White, etc.
D BY	3 Widowed 4 Divorced	<u> </u>										БI	ACK
ETED	15, DECEDENT'S EDI (Specify only highest grad	e completed)		(Give kind of life. Do NOT u	work done	CCUPATIO during mo	ON st of working	שר	- 1	6b. KIND OF BU	SINESS/IN	DUSTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5	+)	LABORI						TARAT	TANTT	2 dol	MAINTENANCE
COMPL	17. FATHER'S NAME (First, Middle, Last)			LINDON			18. MOT	HER'S NA		t, Middle, Maiden		LOR &	PATIVIENANCE
BE C	FRED CRUTCHFI	ELD											
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rurel	Route No	imber, City or Tow	n, Statu, Zip	Code)	
-	CHARLENE CRUTCHF	IELD						BAL	TIMO	ORE, MD	. 212	217	
	20s. METHOD OF DISPOSITION  1 1 Burlat 2 Cremation 3 Ren  4 Donation 5 Other (Specify)	noval from State	20b. PLA cemetery	crematory or C	of DISPOS	SITION (Na	me of		D		CATION —		Table 1
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		. 2101	22.	NAME AP	D ADDRE				TIMOF		
	22 PART I. Enter the diseases, or	word	1		19	13 W.	BALT	IMOR	E ST	BALTO.	MD. 2	1223:	IE, P.A. P.O. BOX 4433
CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Pneu Due To		SEQUENCE O	F): F):	1							Interval Between Onset and Death
MEDICAL	PART II. Other algorificant condition Fatty liver Anterior Lenotic (	and contributing to	death but no	ot resulting	in the ur	e e e e e e e e e e e e e e e e e e e	g cause (	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 XYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	eck only	one)			
YSI	XXXES 2 □ NO  27. MANNER OF DEATH	1 🗆 Inpatient 2				eing Hom		sidence		her (Specify)			
	1 Natural 5 Pending	28e. DATE OF (Month, D	lay, Year)	28b. TIM	IE OF JURY M		URY AT RK? 'ES 2	NO.	28d. D	EŞCRIBE HOW I	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C	F INJURY — At etc. (Specify)	t home, ferm,	street, fact			,	28f. LC	OCATION (Street a by or Town, State)	and Number	or Rural f	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of e											) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Vright	MA				29c, LICE	NSE NUI	WBER		29d. DAT	E SIGNED	(Month, Day, Year)
9	-30. NAME AND ADDRESS OF PERSON WI			ITEM 27) /Tune	. Print)		0	. C . I	M.E			11/1	6/1992
	DONALD G. WRIG	HT, M.D		111 D		C+~	00t	D	-1+	imore	N/	- 7 -	and 21201
	DEC 0 3 1992	La Maridan	Spring	2	ZIIII	ا .ا ت	EET	. Bi	<u>air</u>	LIIOTE,		ry!a	ana /1/01

FOR

92 33801

ITEMS: 23 PART I,27 PER MEO G-694 12/16/92 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OIAIL OI I	VIAILIEA		ICATE OF	DEATH	MENIA	REG. NO	_		
- 3	1. DECEDENT'S NAME (First, Middle, Last)	COOD	ED				MON			/EAR	TIME OF DEATH
	MARY  4. SOCIAL SECURITY NUMBER	COOP					1		- T		11:30 P.M
	220-09-3168	5. SEX 1 M 2 KF	6. AGE (In	7() YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Mon	E OF BIRTH (th. Day, Year) ·20-192		Country)	ACE (State or Foreign
Œ	Se. FACILITY NAME (If not institution, give		0110			OR LOCATION OF			9c. COUNT		
CTO	REAR OF #8 THR	EE MILL	OWS	COURT	WOODI	AWN			BALT	IMO	RE
DIRECTOR	MD .	Υ		10c. Cf	WOODLA					100	d. INSIDE CITY LIMITS?  YES 2 NO
	10s. STREET AND NUMBER					Of. ZIP CODE			10g. CITIZE		AT COUNTRY?
FUNERAL	1207 MULBERRY STR	EET				21223			US	SA.	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2X NO	If yes, t	CENDENT OF HISP pecify Cuben, Mexi S 2 NO Spe	can, Puerto		s or No— 14	Specify: BLAC	American Indian, White, atc.
ED	15. DECEDENT'S EDU (Specify only highest grade		1		USUAL OCCUPAT		16	b. KIND OF BUS	SINESS/INDUS		J.K.
LET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Itte. Do NOT	work done during n ree retired.)	lost or working					
COMPL	17. FATHER'S NAME (First, Middle, Last)			HOMEM	AKER						
ВСС	II. PRINCE S NAME (FIRST, MICORS, LESS)					18. MOTHER'S	NAME (First,	Middle, Maiden	Surname)		
0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS (Street	and Number or Run	M Route Nun	nber, City or Tow	n, State, Zip Co	ode)	
5	EARLENE PEAY					BERRY ST					21223
	20a. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ren	novel from State		PLACE AND DATE	OF DISPOSITION (I	Vame of	DA	TE 20c. LO	CATION — CI	y or Town	, Stata
	4 Donation 6 Other (Specify)	CENSEE	(	GARRISO	N FORES	CEMETE		OWI	NGS MI	LLS.	MD.
	11/03/16	V. DO	. 5			EPH H. B		JR. FU	NERAL.	HOME	Р.А.
	2: PART I. Enter the diseases, or	WYI	1		1913 V	V. BALTIMO	RE ST.	BALTO.	MD. 212	23; P	P.A. 0. BOX 4433
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. HYPERTEN	NSIVE A			ARDIOVASCU	LAR DI	SEASE			Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c		CONSEQUENCE (	1						
O		d									-
MEDICAL	PART II. Other algolificant condition	na contributing to	death but	t not resulting	In the underlyi	ng cause given i	n Part i.	24a. WAS AN PERFOR	MED?	AN CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	<u> </u>		·	26	PLACE OF DEATH (	Check only o	rael .			
SIC	EXAMINER?  1 TYPES 2 NO	HOSPITAL:	ER/Output	tient 3 DOA	OTHER.	me 5 🗆 Residence			CE OE	CEI	DER BRANC
ВУ РНУ	27. MANNER OF DEATH  1) Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, D	INJURY	26b. TII	ME OF 28c. IN	LJURY AT ORK? YES 2 NO		SCRIBE HOW I			DER BRANC
TED	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE 0 building,	of INJURY - etc. (Specify	At home, farm,	street, factory, off	ice	261. LO: C/h	CATION (Street a or Town, State)	and Number or	Rural Roul	te Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS										nd manner as stated.
BE	296 SIGNATURE AND TITLE OF ENTIRE	all	V			O.C.M					onth, Day, Year) -1992
5	20. NAME AND ADDRESS OF PERSON WE MAKED F. GOLL	O COMPLETED ON						ore '			
1	31. DATE FILED (Month, Day, Year)	32. BAGISTRA	AR'S SHIPAT		m stre	et, Ba	T C TIII	ore, I	лагу	alla	21201
	DEC 0 3 1992	THE PURIO			•						

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_	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Lest)	nto Ca	RPENTER	199		2. DATE OF DEATH MONTH		S. TIME OF DEATH  2. 28 / M			
	4. SOCIAL SECURITY NUMBER  23-10-2143  9a. FACILITY NAME (If not institution, give stre	1 - M 2 DF S	(In yrs. lest birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) alax, Virginia			
DIRECTOR	Frederick Memorial Hosp Frederick MD Fred										
	10a. STATE 10b. COUNTY Virginia Loudo		tts ville	2			10d. INSIDE CITY LIMITS?  1 YES 2 NO				
FUNERAL	40 South Loudoun S	Street 12. was decedent ever in			22080		U.S. of A.				
B	1 Never Married 2 Married 3 XXWidowed 4 Divorced	2 XNO ATES	If yes, spe		NIC ORIGIN? (Specify Y in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: CUCASIAN				
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		16a. DECEDENT'S L (Give kind of w life. Do NOT use NWIS C	ork done during mos		Nursing	ID OF BUSINESS/INDUSTRY				
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) MONTOE Ward				Antoin	18. MOTHER'S NAME (First, Middle, Malden Surname) Antoinette Dobbins					
5	1	(daughter)	40 S.			Aoute Number, City or To OVettsvill					
	20e. METHOD OF DISPOSITION  XX Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNEBAL SERVICE LICENSE  20b. PLACE AND DATE Of DISPOSITION (Name of came) place)  UNION Cemetery (Nov. 27, 1992)  12. NAME AND ADDRESS OF FACILITY										
	· Win 8	m fine	ל	Brown	Funeral	Home	22080				
	23. PART I. Enter the disease, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on e	ach line.	ot enter the mod	de of dying, suc	h as cardiac or rea	piratory arrest	, Approximate interval Between Onset and Death			
RTIFICATION	disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  ARTERIOS CURRO TIC CARDID VASC DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algorificant conditiona  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PRMED?	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one)  6  Other (Specify)					
ВУ РНҮ	27. MANNER OF DEATH  1	28a. DATE OF INJURY (Month, Day, Year)	JRY AT RK?	28d. DESCRIBE HOW INJURY OCCURED							
TED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, ferm, st	reet, factory, office		281. LOCATION (Street City or Town, State		Rural Route Number,			
BE COMPLETED	one) 2 MEDICAL EXAMINER:	AN: To the best of my knowl On the basis of examination						ause(a) and manner as stated,			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	SOME ETER CHIEF OF SE	n D		29c. LICENSE NUR	MBER 587	29d. DATE SH	GNED (Month, Day, Year)			
	. George Smith, M.D			rani)							

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1.	. DECEDENT'S NAME (First, Middle, Las	1)				2, DAT	TE OF DEATH	AY Y	3. TIME OF DEAT	н		
-  -	LOUIS D.	Dimitri				12		19	92 10:07			
2	214-05-2020	1 🕅 M 2 🗆 F	E (In yrs. last birthda 92 YRS	MONTHS D		MIN. DEC	TE OF BIRTH		BIRTHPLACE (State or For CYPIUS	reign		
	a. FACILITY NAME (If not institution, give 3210 Beverly	of DEATH										
5 4	RESIDENCE OF DECEDENT  10b. COU			SITY, TOWN OR L	OCATION	JI C CIT	у		10d. INSIDE CITY			
	Md.			Baltimore	10f. ZIP CODE				1 YES 2	Ю		
ERA	3210 Beverly Road				21214		10g. CITIZEN OF WHAT COUNTY					
£ 3	MARITAL STATUS   Never Married 2   Married     Wildowed 4   Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 NO	If ye	DECENDENT OF is, specify Cuben, YES 2 NO	OF HISPANIC ORIGIN? (Specify Yes or No—  14. RACE — American in Black, White, etc.)  Specify:  Specify:						
ETE L	15. DECEDENT'S E (Specify only highest gri	ide completed)	(Give kind o	'S USUAL OCCU	PATION ng most of working	-10	6b. KINO OF BU	SINESS/INDUS	TRY			
로	Elementary/Secondary (0-12)  College (1-4 or 5+)  Restaurant Owner											
BE CO	17. FATHER'S NAME (First, Middle, Lest)  James L. Dimitri  16. MOTHER'S NAME (First, Middle, Malden Surname)  Louise Irene –											
19	James L. Dimitri		196. MAJU	ng address (so ) Springl	ake Way I	Aural Acure Nu Baltimor	e, Md. 2	n, State, Zip Co 1212	de)			
12	De. METHOD OF DISPOSITION  Burial 2 Cremation 3 Re  Donation 5 Other (Specify)	moval from State	Ob. PLACE AND DAT emetery, crematory o	r other place)	N (Name of C.5, 1992	DA	1000	cation - city odlawn,	or Town, State			
21	. SIGNATURE OF FUNERAL SERVICE		A CCA OLUIC		ME AND ADDRESS	OF FACILITY	, NC	CGICIWII,	ru.	_		
	James J. Gladden Leonard J. Ruck Inc. 5305 Harford Road 21214											
ii d	23. PARTA. Enter the diseased, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  s. Arteriosclerotic Cardiovascular Disease											
NO S	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
FICAT												
CERT	resulting in death) LAST											
DICAL	ART il. Other significant conditi	ons contributing to death	but not resultin	not resulting in the underlying cause given in Pi				AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
MEDI								₩O	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
								iry				
SICIAN:	S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEA							
>   -	1 XYES 2 NO	1 Inpatient 2 ER/O			Home 5 Resid	-	her (Specify) ESCRIBE HOW I	KINDY OCCUP	ED.			
BY P	1 Natural 5 Pending Processing	(Month, Day, Year		NJURY	WORK?		ESCHIBE HOW	NJOHY OCCOR	EU			
	2 Accident 3 Suicide 6 Could not be determined determined determined											
COMPLE		'SICIAN: To the best of my kno NER: On the basis of examinat							ruse(a) and manner as at	ated.		
BE C	ATURE AND TITLE OF CERTIF	ER DO A	$\bigcirc$		29c. LICENS	E NUMBER		29d. DATE SI	GNED (Month, Day, Year)			
0 1									02 1992			
J	. Laron Locke	MD 1	11 Donn	Stro	et, Bal	timo	ce, Ma	rvlan	d 21201			
31.	J. Laron Locke, MD. 111 Penn Street, Baltimore, Maryland 21201  31. DATE FILED (Month, Day, Your)  OF C. 0. 3. 1002											

PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	OR Are the certificate has been signed by the attending physician and completely filled in by the funeral direct
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR December 2, 1992 Adolph Victor DeRosa 5:00 am 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Morth, Day, Year)
July 22, 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 X M 2 - F 163-10-2474 78 YRS 1914 Pennsylvania should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore City 5525 Cedonia Avenue RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION use as the burial-transit permit. Pages 10d. INSIDE CITY Maryland Baltimore City 1 [X] YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5525 Cedonia Avenue 21206 United States may be retained by the hospital or attending physician. It, page 5 should be detached for use as the burial-tran 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 X Marri 1 TES 2 NO Specify BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) Supervisor Paper Products 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DeRose Louise Rocco Loscudo F BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Mildred DeRosa 5525 Cedonia Avenue Baltimore, 21206 20s. METHOD OF DISPOSITION

1 Disposition 3 Removed from State
4 Donatton 5 M Other (Specify) Entombment be 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Parkwood Cemetery Baltimore, Maryland 12/5/92 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Mark T. Zavoyna Barogna Macht. 21214 5305 Harford Rd. Baltimore, or removal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or heart failure. List only one cause on each line Interval Betw **IMMEDIATE CAUSE (Final** Onset and Death the cremation, disesse or condition resulting in death) CARDIAE other traumatic event, 6 of Health and Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events (A) - (BRILLATUO. resulting in death) LAST 6 shows any injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL 24a, WAS AN AUTOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 AND 1 YES 2 NO PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item the State HOSPITAL:
1 | Inpetient 2 | EB/Outpetient 3 | DOA OTHER 1 YES 2 NO ne 5 Residence 8 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked. death with 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .12 8 Could not be L OR ATTEND DIRECTOR / hours after of COMPLETED 28 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. INERAL thin 72 I PORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de occured at the time, date and place, and de 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE neel 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

Ba Yin Oung MD 8022 Belair Road Baltimore, Md.

32 HEASTRIN SISSENATUR

31. DATE FILED (Month, Day, 16ar)
DEC 0 3 1992

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	REGISTRAR	DEPARTMENT OF HEALTH ANI ERTIFICATE OF DEATH	DEG NO						
	-loseph LEON DERRICI	ERRICKSON		2012p					
	4. SOCIAL SECURITY NUMBER  2/3/0/1/65  1 Dat 2 F 72  Be. FACILITY NAME (# not institution, give street and number)	YRS. FUNDER 1 YEAR IF UNDER 24 HR YRS. HOUTES MIN  9b. CITY, TOWN OR LOCATION OF	(Month, Day, Year) 12-8-1919 M	BIRTHPLACE (State or Foreign Country)  [ARYLAND  Y OF DEATH					
СТОВ	St. Agnes Hospital	Baltimore							
DIRE	Maryland Baltimore		sville	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	416 Shady Nook Avenue	101. ZIP CODE 212	28 U	SA					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 VYES 2 IF YES, GIVE WAR OR DATES WILL I	NO If yes, specify Cuben, Mer	If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify: Specify:						
LETED	(Specify only highest grade completed)  [College (1-4 or 5+)]	CEDENT'S USUAL OCCUPATION live kind of working about the kind of work done during most of working. Do NOT use retired.)	d of work done during most of working OT use retired.)						
COMPL	9 th 17. FATHER'S NAME (First, Middle, Lest)		NAME (First, Middle, Maiden Surname)	Indits?    1					
TO BE	John Metcalf Derrickso	D. MAJLINO ADDRESS (Street and Number or Ru							
2	Mary C. Derrickson 4	16 Shady Nook Av	e., Catonsvill	e, MD 21228					
er must	1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF TWEERAL SERVICE VCENSEE	inatory or other place) ison Forest V. A	and sate 2004 to Carrison F	orest, Maryland					
examiner	George E. MacNabb		neral Home, P.						
Ic event, the medical	shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease pr condition resulting in death)  DUE TO (OR AS A CONSE	dial Infal		Interval Between Onset and Deat					
ry, or other traumatic CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated events resulting in death) LAST	DUENCE OIG:	7 0						
MEDICAL	PART II. Other algnificant conditions contributing to death but not		In Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICI,	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO	26. PLACE OF OEATH OTHER: DOA 4 Nursing Home 5 Resident							
marked, or BY PHY	27. MANNEW OF DEATH  1 Natural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED					
28 Is TED	2 Accident investigation								
취료	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, de control one)  2 MEDICAL EXAMINER: On the bests of examination and/or								
TO BE CON	296 SIGNATURE AND ATTLE OF CERTIFIED  M. G.	29c. LICENSE (	243 (524-75). 11	IGNED (Mohm, Day, Year)					
-	30/NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print) St A Com Husbott	Baltireurs re	0,					
	31. DATE FILEO (Month, Day, Year) # 32. REGISTRAR'S SIGNATURE	01 111 3 11 01 1	- 1. 1.	2					

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- DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1

All Prinstal AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this untificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Places 1.2.3 should	Hygiene prior to burial, cremation, or removal.	the state of the s
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	FOR 1 STATE		STATE OF N	MARYLAND	/ DEPAR	RTMENT OF	HEALTH	AND	MENTAI	HYGIEN	E			
	REGISTRAR			С	ERTIF	ICATE C	F DEA	TH		REG. NO.				
86	1. DECEDENT'S NAME (First, I	Middle, Last)	11.			MONTH DAY WELD					YEAR 3.	TIME OF DEATH		
	-4	-	"incer	rt Del.	Linn				11	-30-1	1992 11 13 AM			
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEA		MIN.		OF BIRTH	8. BIRTNPLACE (State or Foreign Country)			
	175-10-9135		1 M 2 🗆 F	73_	YRS.					8-191	9	Penr	rsulvani	
or .	9a. FACILITY NAME (If not inst					96. CITY, TOV			EATH	,,	9c. COUNT	Y OF DEAT	N	
Ō	GOD SAMARIT	PL HO	35P.UF	MARYLE	SNIZ	BALI	MOR	<u> </u>						
DIRECTOR	10a. STATE 10b. COUNTY				10c. CIT	Oc. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
G	Md					Baltimore						1	LIMITS?	
AL	10e. STREET AND NUMBER											log. CITIZEN OF WHAT COUNTRY?		
FUNERAL	3608 Bay	ionne	Ave.				21	206			//	5 4		
5	11, MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS	ECENDENT (	OF HISPAI	NIC ORIGIN	? (Specify Yes	or No- 1	4. RACE -	American Indian, Phile, etc.	
ВУ	1 Never Married 2 2 No. 3 Widowed 4 Divorce		IF YES, GIVE W	AR OR DATES	jito		ES 2 X NO			ncan, etc.)		_		
ED E		DENT'S EDUC											White	
2	(Specify only	highest grade o	completed)		Give kind of le. Do NOT u	USUAL OCCUP work done during se retired.)	most of world	ng	166.	KIND OF BUS	SINESS/INDU:	STRY		
7	Elementary/Secondary (0-1	(2)	College (1-4 or 5	•)		Drive				TRans	pont	atio	n Co.	
COMPLET	17. FATHER'S NAME /First Mid	dle, Last)			Lacre	DREVE		NER'S NA		Aiddle, Maiden			72 60.	
ш	Morgan M	. Des	Lincen											
9	19a. INFORMANT'S NAME (Typ	oe/Print)		1	9b. MAILING	ADORESS (Stre	et and Numbe	r or Rural	Route Numb	or, City or Tow	n, State, Zip C	iode)		
5	Mrs. Ethel	E. 1	elling		3608	Bayon	ne A	10.	Ral.	t o	Md :	2/20	6	
	20a, METHOD OF DISPOSITIO		uni from State	20b. PLACE	EAND DATE	OF DISPOSITION	(Name of		OATI	20c. LO	CATION — CI	ty or Town.	State	
	1 Description 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY													
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY													
	Hantley Millen Funenal Home 7527 Hanford Rd. Balto, Md. 21234													
	23. PARTy I / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.													
	shock, or heart fallure. List only one cause on each line.  Interval Between Onset and Death Onset and Death													
	Marian Ma								2/1/2					
	resulting in death)  s. RENAL FAILURE  DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially list conditions b.													
ERTIFICATION	if any, leading to immedi	Sequentially list conditions, if any, leading to immediate												
5	CAUSE (Disease or Injury													
Ē	resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
E		d.											+	
AL.	PART II. Other significant						ing cause	given in	Part I.	24s. WAS AN PERFOR			RE AUTOPSY FINDINGS	
MEDICA	INOPE	MICE	ER.					T YES 212 NO		MPLETION OF CAUSE DEATH?				
										1	YES 2 NO			
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	-	HOSPITAL:			OTHER:	PLACE OF D	EATN (Ch	eck only on	e)				
17S	1 TYES 2 NO		1 inpetient 2 28a. DATE OF			4 Nursing t		esidence						
	1 Netural 5 P	ending	(Month, D	ay, Year)	28b. TIM	URY	INJURY AT WORK? YES 2	7 440	28d. OES	CRIBE NOW II	NJURY OCCU	RED		
B	2 Outstan	vestigation	28e. PLACE O	F INJURY — At h	ome, farm			J NO	201 1.00	ATION (Stead of	and Number or	- Promi David	a Mumbas	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route City or Town, State)									e Norrow,				
9	29a. CERTIFIER	VINC BUVEIC	ANI: To the best of			a Caracian C								
COMPLETED			IAN: To the best of : On the basis of a:										nd manner as stated.	
	29b. SIGNATURE AND TITLE O					aprillo				proces, all				
B	Mison S	Lasta	SAR Qão	3, 1	M.D.		29c. LICI	ENSE NUI	mSER			30	onth, Day, Year)	
2	30. NAME AND ADDRESS OF I	PERSON WHO	COMPLETEO CAUS	SE OF OEATN (ITE	EM 27) (Type	Print)					-			
	NIZAR	C. C	HARAF	EDDIN	IE	60	AZ CIC	MAR	MATI	HOSP.	OF	MAR	MALL	
	NIZAR C. CHARAFEDDINE GOOD SAMPRITAN HOSP. OF MARYLAND.  31. MATE PREDMINING TOBY: YOUR													
				Bandette.										

3. TIME OF DEATH

REG NO

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH TERRY LEE ELMORE 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 1 2 M 2 D F YRS. DAYS HOURS should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH UNIV. OF MARY LAINI) HOSPITAL DIRECTOR BALTIMONES director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD BALTIMONS CITY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE ROGERN 1708 W. AVE 21209 12. WAS DECEDENT EVER IN U.S. ARMED hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuberi, Maxican, Puerto Rican, etc.) 1 U YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MÖTHER'S NAME (First, Middle, Maiden Surname) H MARGREUTA ROLAND ELMORE BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 1114 SARAH ANN STREET, BALTIMORE, MD. 21223 MARGRELITA THOMAS pe 20a, METHOD OF DISPOSITION
1 N Burlal 2 □ Cremation 3 □ Re 20b. PLACE AND DATE OF OISPOSITION (Name of DATE must 4 Donation 6 Other (Specify) ZION CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral ( in by the fi removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, completely filled in by shock, or heart failure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final requires that the death certificate be executed within 24 cremation, the disease or condition HIU CARDIOMY OPMHY AND traumatic event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): in and corr to burial, ACQUINED IMMUNE DEFICIENCY SYNDROME CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 been signed by the atter Injury. PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL PANCREATHIN any THROMBOLYTOPENIA shows PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law FLNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. IANT: If Item 28 is marked, or Item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 9 4 Homicide

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9:00 pm 7. DATE OF BIRTH (Month, Day, Year) 11-9-91 8. BIRTHPLACE (State or Foreign Country) MD 9c. COUNTY OF DEATH 10d. INSIDE CITY J YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? US 14. RACE — American Indian, Black, White, etc. Specify: BLACK 18b. KIND OF BUSINESS/INDUSTRY THOMAS 20c. LOCATION - City or Town, State BALTIMORE, MD JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433 Approximate Interval Between Onset and Death 3 WHERS 6 HONTW 24a. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 PHO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29d, DATE SIGNED (Month Day Year) 192 11/26 BALTIMORE 21201 DHMH-18 Rev 1/89

29c. LICENSE NUMBER

D32226

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(Check only one)

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32 MECISTRAR'S THAT ARE

O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31 J. GREEDE ST.

COMPLET

**BRITANT: 11** 

1 - FOR STATE REGISTRAR

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Approximate interval Between

1 - FOR STATE REGISTRAR

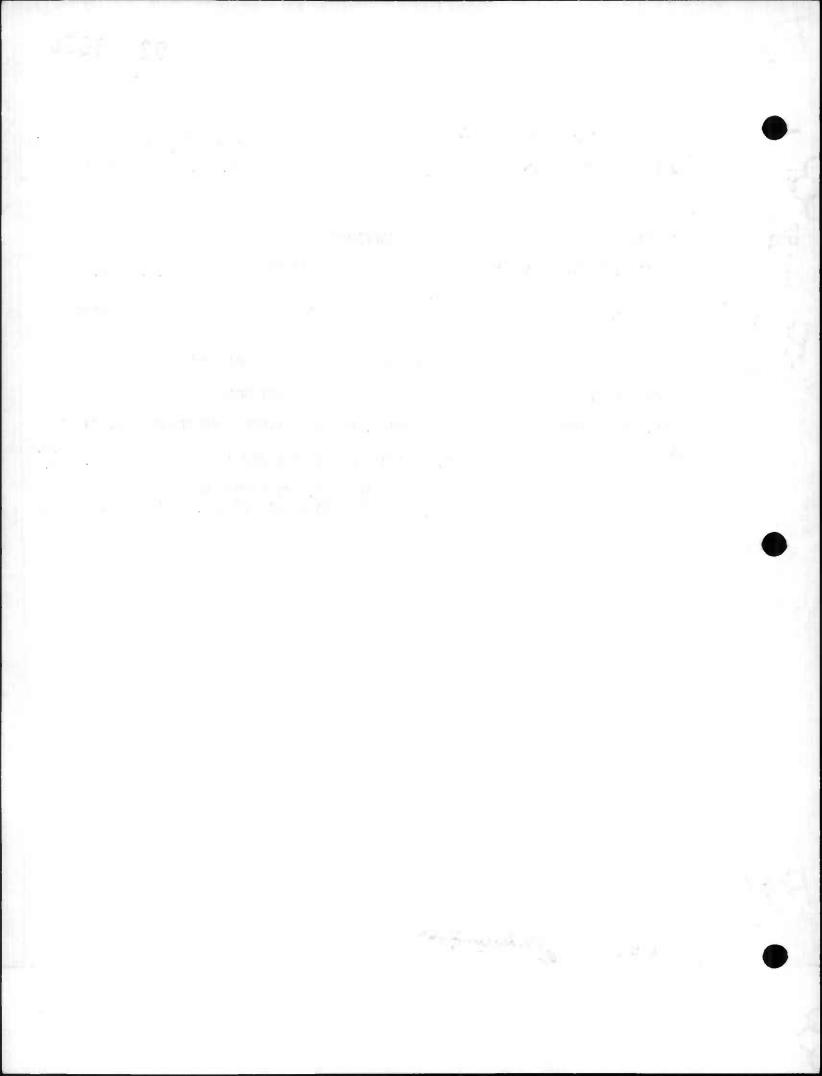
tend		1. DECEDENT'S NAME (First, Middle, Last)	V CD	l V			-			TE OF DEATH	W A.	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	H. GRA		s. last birthday)	IF UNDER	YEAR	IF UNDER 24 HRS	7. DA	I /30	19a	a BIRTH	1035 A
9		218 60 3830	1 <b>X</b> M 2 🗆 F	3		MONTHS	DAYS	HOURS MIN.	DE	C. 12, 1	954	Country	YLAND
3 should	œ	90. FACILITY NAME (If not institution, give THE JOHNS HOPKIN						R LOCATION OF	DEATH		9c. COUN	TY OF DE	
evi .	20	RESIDENCE OF DECEDENT				BAL	TIMO	ORE CIT	Y		BALT	IMOR	E CITY
J.C. S. S. S. S. S. S. S. S. S. S. S. S. S.	DIRECTOR	MARYLAND 106. COUNT	Y			ALTIN		ION					10d. INSIDE CITY LIMITS?
57 E		10e. STREET AND NUMBER	-					ZIP CODE			10g. CITI	EN OF W	1X YES 2 NO
in and a second	FUNERAL	2411 W. GARRISO					$\perp$	21215				OF	Α.
21215-0020  Lot attending physician.  for use as the burlatiraning	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2	NO	H	yes, spe	ENDENT OF HISF ocity Cuben, Mexi 2 NO Spe	ican, Puerl	GIN? (Specify Yes to Rican, etc.)	or No	Black,	- American Indian, White, etc.
or attending or attending	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	184	. DECEDENT'S	vork done d	CUPATIO	N st of working	1	66. KIND OF BUS	HNESS/IND	USTRY	
	PLE	Elementary/Secondary (0-12) 12 TH	College (1-4 or 5+)		LABO				R	AILROAD	IND	JSTRY	ľ
A ge B	COMPL	17. FATHER'S NAME (First, Middle, Last)							ER'S NAME (First, Middle, Melden Surneme)  1ARY GRAY				
TARYL rained by should be	BE	JOHN LEWIS  190, INFORMANT'S NAME (Type/Print)											
5 5 5	2	MRS. MARY BEARD						ISON AV		mber, City or Town			. 21215
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be a		20a. METHOD OF DISPOSITION 1 ABurtal 2 Cremation 3 Rem	novel from State	20b. PL/	CE AND DATE	OF DISPOSI	TION (Na	me of	D	ATE 20c. LO	CATION C	ity or Tou	on, State BALTO.
BALTIMOR er death. Page 6 ma the funeral director, is val.		4 Donation 5 Other (Specify)	CENTEE		PLEAS			TERY 12	-	2 OWIN	IGS M	ILLS,	, MD. CO.
		Lewis J	Hurch	w /						NERAL H	IOME	212	15-6393
by of		23. PART i. Enter the diseases, or	compilcations that cau	sed the	death. Do r	ot enter	7 D	ARK HE I	GHTS	AVE	RALT'	EMORI	Approximate
Ze hours filled in tion, or n		shock, or heart feilure. iMMEDIATE CAUSE (Finel	List only one cause of	n each	lina.								Onset and Dea
ely natio		disease or condition resulting in death)	a. Complete	Cec(	al m	eni	تجد	Tis					~ 2 wee
	z		AIDS	A3 A CO	ISEQUENCE OF	7:							- Ymon
BOX 68 cate be execut hysician and c e prior to buris	ATIO	Sequentially list conditions, if any, isading to immediate cause. Entar UNDERLYING	DUE TO (OR A	AS A COI	NSEDUENCE OF	7):							
O. B. ertificate ing physi rgiene pr	IFIC	CAUSE (Disease or injury that initiated events	C. DUE TO (DR A	AS A COI	NSEDUENCE OF	7):							
0, 4 BE 9	CERTIFICATION	resulting in death) LAST	d										
RDS, F it the death by the atte and Mental		PART ii. Other significant condition	s contributing to deat	h but n	ot resulting i	n the unc	derlying	cause given i	n Part i.	24a. WAS AN			WERE AUTOPSY FINDING AMALABLE PRIOR TO
ces the greed safth a	MEDICAL						_			1 TES 2	1		COMPLETION OF CAUSE OF DEATH?
M 3 2 6	-		-							1 '			1 TYES 2 THO
OF VITAL RE( PHYSICIAN: The taw requir this certificate has been si with the State Dept. of H ked, or Item 23 show	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (	Check only	one)			
F VITA SICIAN: The certificate to the State I, or Hem	YSI	1 TES 2 NO	HOSPITAL:				ng Home	5 🗆 Residence	6 🗆 Ot	her (Specify)		_	
		27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Yea		28b. TIM	E OF :	28c. INJU WOF		28d. D	EŞCRIBE HOW II	JURY OCC	URED	
0 40 0	D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJU building, etc. (5	URY — A	it home, farm, s	treet, facto		11	26f. LC	OCATION (Street a ty or Town, State)	nd Number	or Rural Ro	oute Number,
DIVISI OR ATTEN DIRECTOR: hours after Item 28 Is	ETE	4 Homicide determined				-							
322	MPLET	(Check only	CIAN: To the best of my kr										and manner on stated
PORTANT	E CO	296. SIGNATURE AND TITLE OF CERTIFIE		Α.			T	29c. LICENSE N					(Month, Day, Yber)
IMPO	O B	1) A DOSON	an		10			15:	790		P 11	130	192

600 N Walfes

DEC 0 3 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

> **Onset and Death** - 4 mont 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 THO W INJURY OCCURED net and Number or Rural Route Number, nenner as stated. and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) DHMH-16 Rev 1/89



		1 - STATE REGISTRAR	STATE OF MARYL					DEAT		NTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)  Elly Gray				_				DATE OF DEATH DON'TH D		EAR	TIME OF DEATH
pio		216-18-3216	1 🗆 M 2 🏋 🖟	in yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER :	MIN.	DATE OF BIFTTH (Morith, Day, Year)	12	BIRTHPL: Country)	ACE (State or Foreign
, 2, 3 should	CTOR	99. FACILITY NAME (If not institution, give stre  Mercy Medica  RESIDENCE OF DECEDENT	•					nore	N OF DEATH	•	9c. COUNTY	OF DEAT	н
permit. Pages 1,	DIRE	Md . 106. COUNTY			101123	v, rown o							d. INSIDE CITY LIMITS?
is.	VERAL	1319 Bavard St.   21230   11 S							T COUNTRY?				
21215-0020 al or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2	MEO NO	- 1	f yes, sp		, Mexican, P	ORIGIN? (Specify Ye- verto Ricen, etc.)	s or No- 14	Black, W	American Indian, htte, etc. Black
D 21215 spital or attend led for use as	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		(G	CEDENT'S live kind of a Do NOT us	USUAL OC work done of se retired.)	CUPATIO during mo	ON at of working	7	16b, KIND OF BU	SINESS/INDUS	TRY	
YLAND 2 by the hospital be detached to at once.	ш	17. FATHER'S NAME (First, Middle, Lest)  Marion Thomas								(First, Middle, Meiden Smith	Sumame)		
be retained ge 5 should e notified	TO B	198. INFORMANT'S NAME (Type/Print) Lera Black				DORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Beechfield Ave. Balto. Md. 2122						21229	
		20a METHOD OF DISPOSITION 1	al from State	PLACE	ANO OATE	of dispos	one.	me of al Ce	em.	0ATE 20c. LO	CATION - CITY 2 Bal	or Town,	State
21. SIGNATURE OF FUNCIAL SERVICE LICENSEE  21. SIGNATURE OF FUNCIAL SERVICE LICENSEE  22. SIGNATURE OF FUNCIAL SERVICE LICENSEE  23. SIGNATURE OF FUNCIAL SERVICE LICENSEE  24. SIGNATURE OF FUNCIAL SERVICE LICENSEE  25. SIGNATURE OF FUNCIAL SERVICE LICENSEE  26. SIGNATURE OF FUNCIAL SERVICE LICENSEE  27. SIGNATURE SERVICE LICENSEE  27. SIGNATURE SERVICE LICENSEE  27.								Home Bal	to.	Md. 2122			
24 hours aft filled in by tion, or remo the medica		23. PART i. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that cause on a cause on e	ach ilne					ng, such a	s cardiac or resp	iratory arrest	ι,	Approximate interval Between Onset and Death
P.O. BOX 68  h certificate be execute anding physician and c l Hygiene prior to burial or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	4 th	M TO	E):							lh.
been signed by pt. of Health and 3 shows any	MEDICAL	PART II. Other algorificant conditions Them artoTU		ut not r	resulting	in the un	derlying	j ceuse gi	iven in Par	24a. WAS AN PERFO	RMED?	CO OF	FRE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH?  YES 2 17 NO
F VILAR SICIAN: The certificate has the State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	OSPITAL: (Inpetient 2 - ER/Outp	ationt 3	□ DOA	OTHER 4   Nurs	t:	- III	ATH (Check of	Other (Specify)			
ON OF ON OF After this cer death with the smarked, or	ВУ РН	27. MANNER OF OEATN  PARTY S Pending  2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIM IN.	E OF JURY M		URY AT RK? (ES 2		d. OESCRIBE HOW	NJURY OCCUP	IEO	
TTENDI TTENDI TTOR: A affer d	9	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At ho	ome, farm,	street, facto	ory, office		20	f. LOCATION (Street City or Town, State)	and Number or	Rural Rout	Number,
¥ 72 m	COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICI. 2 MEDICAL EXAMINER:										ause(e) ar	id manner as stated.
TO THE HOSPITAL TO THE FUNERAL De fied within 72 I	TO BE	Our Medi						29c. LICE	NSE NUMBE	A .	29d. DATE SI	GNEO (M	orith, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DE	_ ,	M 27) (Type		01	St. P.	aul Pl	ace Ba	1+. Ma	12	1202
6		31. DATE FILEO (Month, Day, Year)	The Davidson	AST &									

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			RENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, I	GERBON OFAR	GOMEZ			2. DATE OF DEATH MONTH		3. TIME OF DEATH	
2	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	YRS. IF UN		F UNDER 24 HRS. OURS WIN.	7. DATE OF BIRTH (Morth, Day, Year) 11-8-92		BIRTHPLACE (State or Foreign Country) Maryland	
2, 3 should	9a. FACILITY NAME (If not institution, ) University Hos			Itimore				c. COUNTY OF DEATH	
÷   5	RESIDENCE OF DECEDENT		100 CITY TOW	N OR LOCATION				Tana mana ara	
permit. Pages 1, 2, 3 :		nce George County		phia	•			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER	nee deorge councy	10g. CITIZEI	OF WHAT COUNTRY?					
15 E	7981 New Riggs	981 New Riggs Road 20783							
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burlal-transit permoval. Ical examiner must be notified at once.  TO BE COMPLETED BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify			C ORIGIN? (Specify Y , Puerto Rican, etc.)	es or No- 14	USA  14. RACE — American Indian, Black, White, atc.  Specify: Hispanic	
r attend use as	15. DECEDENT'S		ECEDENT'S USUAL	OCCUPATION		16b. KIND OF B	USINESS/INDUS		
LAND 2121 the hospital or attent detached for use a once.	(Specify only highest   Elementary/Secondary (0-12)		(Give kind of work do fe. Do NOT use retire	ne during most o d.)	l working				
ARYLAND ained by the hospit should be detached lifted at once.	17. FATHER'S NAME (First, Middle, Last	)		10	B. MOTNER'S NAM	IE (First, Middle, Maide	n Surname)		
RYL ed by the bed by the bed at BE					Adelia (				
MAR retained 5 should TO BE	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or To		cle)	
ay be	Adelia Gomez		7981 New Riggs Rd, Adelphia, MD 20783  200. PLACE AND DATE OF DISPOSITION (Name of DATE 200. LOCATION — City or Town						
ALTIMORE, death. Page 6 may be thereal director, page examiner must be	1 Burial 2 Cremation 3 4 Control 5 Other (Specify)	Removal from State cemelery, c	rematory or other pla		or	DATE 20c, L	OCATION — CIN	y or Town, State	
4 hours	23 PART I. Enter the diseases,	or complications that coused the care. List only one cause on each lire.	death. Do not enter.	ter the mode	of dying, such	e St, Bal	lto,MD		
P.O. BOX 687/ th certificate be executed the physician and con in hydrone prior to burdal, or other traumatic or ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSI							
RECORDS requires that the cen signed by the of Health and Me shows any inju	PART N. Other significant cond	itions contributing to deeth but not	resulting in the	underlying co	euse given in F	Perf i. 24a. WAS A PERFC	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
VITAL  JAN: The law tificate has the State Dept or Item 23  CSICIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	1		E OF DEATN (Chec	ck only one)			
F VIT. SICIAN: The certificate of the State HYSIC	1 TYES 2 NO	1 Inpatient 2 ER/Outpatient	3 DOA 4 D		5 - Residence 8	Other (Specify)			
O 돌 돌	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigat	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY WORK?	AT 7	28d. DESCRIBE HOW	INJURY OCCUP	IED	
ISIC TTENDI after de 28 is	3 Suicide 6 Could no 4 Nomicide datarmine		nome, farm, street, 1	factory, office		28f. LOCATION (Street City or Town, Steff	t and Number or e)	Rural Route Number,	
Z = 2 = 2	one) —	HYSICIAN: To the best of my knowledge, of MINER: On the basis of examination end/o						ause(a) and manner ee stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: #	29b. SIGNATURE AND TITLE OF CERT	Ale ov	Resi	det 2	LICENSE NUMB		29d. DATE S	IGNED (Month, Day, Year)	

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22 S Greene

A REGISTRAN'S SIGNATURE

10

31. DATE FILED (Month)

BALTIMORE, MARYLAND 21215-0020	SJCIAN: The law requires that the death certificate be executed within 24-riours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	the break of the second and montain styles from a come, commenced to come the notified at once.
JF VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed wi	s certificate has been signed by the attending physician and completely filled in by the factors have been and Marrial Humans origin to buries or committee or removed	23 shows any injury, or other traumatic ever
DIVISION OF VITA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate h.	IMPORTANT; If item 28 is marked, or item

FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF H		MENTAL HYGIENE REG. NO.	,		
1. DECEDENT'S NAME (First, Middle, Last)		OZIIII	TOATE OF	DEATH	2. DATE OF DEATH	- 50	3. TIME OF DEATH	
DAVID HUNT	FR				MONTH DAY	92	5:50 AM	
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign	
217-56-4273	1 🕅 M 2 🗆 F	32 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Dey, Year) 8 - 9 - 6 0	Coun	MD	
9e. FACILITY NAME (If not institution, give at	treet and number)		96. CITY, TOWN	R LOCATION OF D	EATH 9c. 0	OUNTY OF	DEATH	
SETON HILL MAN RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	IOR		BALTI	MORE				
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY								
MD			ltimore				LIMITS?	
		7 5 4		. ZIP CDDE	10g.	CITIZEN OF	WHAT COUNTRY?	
100. STREET AND NUMBER  501 W. Frankli  11. MARITAL STATUS	n St.			21221		U.S	SA	
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		ENDENT OF HISPA	NIC ORIGIN? (Specify Yes or No	- 14. RAG	CE — American Indien, ck, White, atc.	
IF YES, GIVE WAR OR DATES 1 YES 2 ON NO Specify: Specify:								
			<u> </u>				Black	
(Specify only highest grade	completed)	(Give kind of	S USUAL OCCUPATI- work done during me use retired.)	on st of working	16b. KIND OF BUSINESS	INDUSTRY		
15. DECEDENT'S EDU: (Specify only highest grade Elementary/Secondary (0-12) 10th grade 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)		abled					
17. FATHER'S NAME (First, Middle, Lest)		0,00		16. MOTHER'S NA	AME (First, Middle, Maiden Surnen	ne)		
Thomas Hunter				Elenor	a Hunter			
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town, State			
Elenora Hunte	r	1420	N. Luz	erne Av	e./Baltimo	re, N	4D 21213	
20e. METHOD OF DISPOSITION 1 (C) Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE AND DAT			DATE 20c. LOCATION			
4 Donation 5 Other (Specify)		of cornelary, cremator			rdens Dund	alk,	MU	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME A	ND ADDRESS OF FA	VCILITY			
I Manus	NOTO	We!	WM C	. MARCI	H F.H./1101	E.N	ORTH AVE.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CUU DUE TO (OR )  DUE TO (OR )  d. DUE TO (OR )	AS A CONSEQUENCE O	liver epatit	з В			Onset and Death	
PART II. Other significant condition	mellifus	th but not resulting	In the underlyin	g ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED? 1 □ YES 2 🖢 🗚	,	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)	71		
1 VES NO	HOSPITAL: 1   Inpatient 2   ER/	Outpetient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)	1		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES NO  27. MANNER OF DEATH	28a. DATE OF INJU	IRY 28b. Ti		JURY AT	28d. DESCRIBE HOW INJURY	OCCURED		
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	28e. PLACE OF IN- building, atc.	IURY — At home, farm, (Specify)	street, factory, offic	20	281. LOCATION (Street end Nu City or Town, State)	mber or Rura	I Route Number,	
29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my i	cnowledge, death occur	red at the time, dat	end place, and du	e to the cause(e) end manner a	stated.		
(Check only one) 2 MEDICAL EXAMINE					s time, date and place, and due		(e) and manner as stated.	
3   Sulcide 4   Homicide 6   Could not be determined  29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINE  29b. SIGNATURE AND TITLE CONTROL	"lus-		TEX	29c. LICENSE NU	MBER 29d.	DATE SIGN	ED (Marth, Day, Year)	
30. NAME AND ADDRESS DE PERSON WH	ID COMPLETED CAUSE DE					1		
Jyotha Park	h MD 8		tow Sta	ect Su	te 407, B	al fin	roce MD212	
DEC 0 3 1992 8	who Davidson	Broker						

test-of-maintain commence

IN VITENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician.

HECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

PIVISION OF VITAL RECORDS, P.O. BOX 68760,

92 33812

	1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle Last) DE IROY HERVINE	OMAR G.	(WI	LLHAMS	ett	2. DATE OF DEATH DATE 1	1 9	3. TIME OF DEATH 12:20 A M
	4. SOCIAL SECURITY NUMBER  N / A	5. SEX 6. /	AGE (In yrs. lest birthday) 28 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	C	HRTHPLACE (State or Foreign country)
	9e. FACILITY NAME (If not institution, give str		20	9b. CITY, TOW	OR LOCATION OF I	5_26-1 DEATH	96. COUNTY C	JAMAICA OF DEATH
OB	3800 CLIFTON	AVENUE			IMORE C			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c, Ci	TY. TOWN OR LOC	ATION			10d. INSIDE CITY
E E	MD		BA	ALTIMOR	E			LIMITS?
3AL	10e. STREET AND NUMBER				Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3613 BOWERS AV	12. WAS DECEDENT EV	ED IN U.S. ADMED		21207	ANIC ORIGIN? (Specify Yes	-	S A
à	1 💢 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	FORCES? 1   IF YES, GIVE WAR	YES 2 NO	If yes,	specify Cuban, Mexic S 2 NO Spec	an, Puerto Rican, etc.)	3	Black, White, etc.  Specify: Black
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		16a, DECEDENT'S (Give kind of Ma. Do NOT s	S USUAL OCCUPA work done during use retired.)	TION nost of working	16b. KIND OF BUS	INESS/INDUSTR	RY
	17. FATHER'S NAME (First, Middle, Last)	7				AME (First, Middle, Maiden		
B	HERVINE HAYLET	1	10h MAN IN	Anness (S-		freda Hay  Poute Number, City or Town		
2	CONROY MILLER			AUROR		BALTO. M		207
TO BE COM	20s. METHOD OF DISPOSITION 1 A Jurial 2 Cremetion 3 Remove	val from State	20b. PLACE AND DATE	OF DISPOSITION	Vame of	. 1	CATION — City of	
охашна	1 Donation 5 Other (Specify) DOVECOT Memorial Park 12992 St Catherine, Jamaica 21. SIGNATURE OF TUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue							
CERTIFICATION	23. PART 1. Enter the diseases, or complete the control of the con	DUE TO (OR	on each iine.	UHOS TO prp:				Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions	contributing to dea	th but not resulting	in the underly	ng ceuse given i	1 Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  VES 2 NO
CIA		HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)		
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/	IRY 28b. TH	4 - Nursing H	me 5 Residence	6 SOther (Species N		
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	iar) IN	JURY \	YES 2 ND	SUBJECT		
	3 Suicide 6 Could not be Homicide determined	28e. PLACE OF IN. building, etc.	IURY — At home, farm, (Specify)	street, factory, of	Ica	26f. LOCATION (Street a City or Town, State)		
ETE		STREE						AVENUE
COMPLETED	(Check only					e to the cause(a) and man e time, data and place, and		use(s) and manner as stated.
TO BE C	THE SIGNATURE AND TITLE OF CERTIFIER	nue			O.C.N	7.7.7.7.7.		NED (Month, Day, Year) . / 2 1 / 9 2
F	30. NAME AND ADDRESS OF PERSON WHO				et, Bal	timore, N		and 21201
	"UEC" 0" 3" 1992 g	32. REGISTRAR'S	NATURE					

Sept 1 20

		1. DECEDENT'S NAME (First, Middle, Last)			-NIII	SAIL C	T DEAI		2. DATE OF DEATH	0.	3.	TIME OF DEATH	
		SOPHIA VIOLA	HALL						DEC. 1st	, 1992	YEAR	1:00 A.M. M	
P		4. SOCIAL SECURITY NUMBER 217 14 5833	5. SEX 1  M 2 F	78		IF UNDER 1 YEA		24 HRS. MINI.	7. DATE OF BIRTH MAY 26, 1	914	MARY I	ACE (State or Foreign	
3 should	œ	9a. FACILITY NAME (If not institution, give a		ME	5		WN OR LOCATION	ON OF DE	ATH	Sc. COUN	TY OF DEAT	TH	
1, 2,	CTO	GOOD SAMARITAN N	UKSING HU	ME		BAL	TIMORE						
nit. Pages	DIRECTO	MARYLAND 106. COUNT			10c. CITY	LTIMO	RE TON					d. INSIDE CITY LIMITS? (1) YES 2 1 NO	
ait permit.	HAL	100. STREET AND NUMBER 3718 REISTERSTO	WN ROAD				10f. ZIP CODE 212				U.S. OF A.		
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS	DECENDENT O	F HISPAN	IC ORIGIN? (Specify		s or No. 14. RACE - American Indian,		
21215-0020 If or attending physic for use as the burial	B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WAI	R DR DATES		If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:					Specify: BLACK		
or atte	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	(G/	CEDENT'S US we kind of wor Do NOT use	SUAL OCCUP rk done during retired.)	ATION most of working	ng .	16b. KINO OF BUSINESS/INDUSTRY				
	COMPLI	N/A	College (1-4 or 5+)			IC WO	RKER		PRIVAT	E FAMI	LIES		
YLA be det	BE CON	17. FATHER'S NAME (First, Middle, Last)  JOHN WILSON					18. MOTE		ME (First, Middle, Meidle ZA BROWN	on Surname)			
y be retained bage 5 should be notified	5	190. INFORMANT'S NAME (Type/Print) MRS. MILDRED WATE	RS				THERN		WAY BAL'I	own, State, Zip IMORE,	MD.	21239	
ne 6 m		20s METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		206 PLACE A COMPLETY COM ARBUT		MORIA	L PARK		4/92 BAI	TIMORI		BALTO, CO	
death. death. e funeral.		21. SIGNATURE OF FUNDAL SERVICE LIN	~ 11	vene	,	LEW		GWYN	N FUNERAL			215-6393 ,MARYLAND	
n 24 hours af by filled in by ation, or reme the medica		23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Possu	ille	De	pa	mode of dyi	ng, suct	as cardiac or res	piratory arre	ant,	Approximate Interval Between Onset and Death	
X 687 s executed in and con to burial, imatic ex	LION	Sequentially list conditions, if any, leading to immediate	· cereb	OR AS A CONSECUTIVE OF A CONSECUTIVE OF AS A C	as	tul	au	a	eeid	ent			
certificate be ding physicial tyglene prior r other trau	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (0	OR AS A CONSEC	UENCE OF):								
O = 5 = 0	ERT	resulting in death) LAST	d										
O 2 5 ≥ =		PART il. Other significant condition	s contributing to d	eath but not re	esulting In	the underl	ying cause g	given in i		IN AUTOPSY		ERE AUTOPSY FINDINGS	
that that the that any	EDICAL								PERF	2 NO	CC	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
9 5 5 4	Σ								_		1/	YES 2 NO	
23 pt t 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				20	3. PLACE DF D	EATH (Che	ick only one)				
SICIAN: The certificate h the State I	rsic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2	ER/Outpatient 3	DOA 4	Nursing I	Home 5 🗆 Re	sidence	6 Other (Specify)				
O 문 표를 중	ВУ РН	27. MANNER OF GEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	Year)	28b. TIME (	M 1	INJURY AT WORK?  YES 2	) NO	28d. DESCRIBE HOV	INJURY OCC	URED		
R ATTENDING RECTOR: Attantas us after death m 28 is ma	ETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF building, et	INJURY — At her c. (Specify)	me, farm, stre	eet, factory, o	office		281. LOCATION (Stree City or Town, Sta	t and Number ( le)	or Rural Rout	e Number,	
	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS. (Check only one) 2 MEDICAL EXAMINE										nd manner as stated.	
2 2 3 M	TO BE	296 SIGNATURE AND TITLE OF CERTIFIE	mip.	ena	reri	بت	29c, LICE	30	661	294. DATE	SIGNED IM	2792	
	-	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE	OF DEATH (ITEM	27) (Type, A	NEW.	( .	SIRI	5670 -	RIPUL The A	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	M, M.D.	
		DEG 0 3 1992	A RESEVIEND	Spalpain					BALTIM	ORE, M	)212		

SIREESH K. TRIPURGHER, SLO. 5570 - S The Abstracts BALTIMORE, MD STRIP

BALTIMORE, MARYLAND 21215-0020

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9	pe
0.0	certificate
Ĺ	death
Š	the second
ב	that
שני	requires
,	AMP.
Į	The
200	PHYSICIAN:
MINISTON OF ALIAL RECORDS, T.O. DOA 60760,	OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2
-	R

RAL DIRE	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Za nours after death. Page 6 may be retained by the hospital or attending physician.	PAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, crematyn, ox removal.	tion 28 is marked or from 23 shows any injury or other traumatic event, the medical examiner must be notified at once
DE-ITAL OR ATTENDIN FRAL DIRECTOR: After 72 hours after dea	9	offer this cu	marked.
RAL DIRE	ATTENDI	CTOR: A	28 is
42.5	L OR	L DIRE	item!
	FITA	A Z	S. S.

	FOR CTATE OF M	IADVIAND / DEDARDE				33814
	1 - STATE STATE STATE UF M		WENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO	E	
	1. DECEDENT'S NAME (First, Middle, Last)	- OLITITI I	ALE OF BEATT	2. DATE OF DEATH		3. TIME OF DEATN
	JOSEPH T. HOUCH	<		MONTH D	- 9Z	11.45 "
	4. SOCIAL SECURITY NUMBER 5. SEX		F UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
	214-20-4969 14M2 OF	In L YRS. I	ONTHE DAYS HOURS MIN.	(Month, Day, Year)	26 Mar	wland
	Sa. FACILITY NAME (If not institution, give street and number) 3:	001 S. HANOVER	b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH
5	MINISTER CENT	TER BALTIMONE	BALTIMOR	E	BALT	IMORE
	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	10c. CITY.	TOWN OR LOCATION			10d. INSIDE CITY
DIRECTOR	Maryland	Balt	imore City			LIMITS?
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE			WHAT COUNTRY?
Ä	407 South Pulaski Street	(4)	21223		USA	
5	1 Never Married 2 V Married FORCES? 1	TEVER IN U.S. ARMED  ▼ YES 2 NO	13. WAS DECENDENT OF NISP It yes, specify Cuban, Mexic			CE — American Indian, ick, White, etc.
B	3 Widowed 4 Divorced IF YES, GIVE W	AR OR DATES  WW II	1 TYES 2 NO Spec	elly:	Spe	white
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	BUAL OCCUPATION k done during most of working etired.)	16b. KIND OF BU	SINESS/INDUSTRY	
12	Elementary/Secondary (0-12) College (1-4 or 5 + 1.0 th	Shipping		Truc	king	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	Битрринд		IAME (First, Middle, Malden		
BE C	John O. Houck					
2	19e. INFORMANT'S NAME (Type/Print)		ODRESS (Street and Number or Aura			3 21222
	Irene Mae Houck	20b. PLACE AND DATE OF	uth Pulaski St		CATION — City or 1	
	1 X Burlel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)	cemetery, cremetory or other	ningal	2/5/92 Dor		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF I	ACILITY		2
	167	J.	Ambrose Fune 1328 Sulphur			Md. 21227
	23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one ceur IMMEDIATE CAUSE (Final	caused the death. Do not se on each line.				Approximate Interval Between
	disease or condition a. CANC	ER OF TH	E LUNG WI	TH META	STASI	Onset and Death
	disease or condition a. CANC	ER OF TH.	E LUNG WI	TH META	STASI	Onset and Death
rion	disease or condition a	ER OF TH. (OR AS A CONSEQUENCE OF):	E LUNG WI	TH META	STASI	Onset and Death
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.	(OR AS A CONSEQUENCE OF):	E LUNG WI	TH META	STASI	Onset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	(OR AS A CONSEQUENCE OF):	E LUNG WI	TH META	STASI	Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	(OR AS A CONSEQUENCE OF):	E LUNG WI	TH META	STASI	Onset and Death
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	(OR AS A CONSEQUENCE OF):		n Part I. 24s. WAS AN	AUTOPSY 24	Onset and Death
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	(OR AS A CONSEQUENCE OF):			AUTOPSY 24	Onset and Death
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	(OR AS A CONSEQUENCE OF):		n Part I. 24s. WAS AN PERFOR	AUTOPSY 24	Onset and Death  Onset and Death  Ab. WERE AUTOPSY FINDINGS  ANALABLE PRIOR TO  COMPLETION OF CAUSE
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other aignificent conditions contributing to	(OR AS A CONSEQUENCE OF):		n Part I. 24s. WAS AN PERFOR	AUTOPSY 24	Onset and Death  4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions contributing to a cause. Enter the cause of t	(OR AS A CONSEQUENCE OF):  (OR AS A CONSEQUENCE OF):  death but not resulting in		n Part I. 24s. WAS AN PERFOR	AUTOPSY 24	Onset and Death  4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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physician.	TA hours after this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should 72 hours after this certificate has been signed by the artendard Hygiene prior to burlat, cremation, or removal.	
nospital or attending	ched for use as the	
be retained by the h	ige 5 should be deta	
THE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	he funeral director, p.	
d within 24 hours aft	mpletely filled in by 1 cremation, or remo-	
certificate be executed	ling physician and co	
vires that the death of	signed by the attend Health and Mental Hy	
SICIAN: The law requ	certificate has been in the State Dept. of	
OH ATTENDING PHY	DIRECTOR: After this lours after death with	
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2 2 0 G G
31. DATE FILED (Month, Day, Year)
060,03,1992

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest)  TONES  2. DATE OF DEATH DAY YEAR 10 5 Accum 1. SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. list birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
OR	24+64-5024 1 M 2 DF 49 YRS. MONTHS DAYS HOURS MIN. 12-2-1942 COUNTY) MD  9a. FACILITY NAME (If not institution, give street and number)  Liberty Medical Center By Hours Min. 12-2-1942 Country)  By Hours Min. 12-2-1942 Country of DEATH  So. CITY, TOWN OR LOCATION OF DEATH  By Hours Min. 12-2-1942 Country)  By Hours Min. 12-2-1942 Country)  Po. COUNTY OF DEATH
AL DIRECTOR	RESIDENCE OF DECEDENT  106. STATE  106. COUNTY  106. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  106. STREET AND NUMBER  107. STREET AND NUMBER  108. STREET AND NUMBER  109. CITIZEN OF WHAT COUNTRY?
FUNERAL	2566 HOLLINS St. + pt. 4  21223  USA  11. MARITAL STATUS  1 WAS DECEDENT EYER IN U.S. ARMED  1 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— In the policy of the p
ETED BY	3 Wildowed 4 Divorced  IF YES, GIVE WAR OR DATES  1 YES 2 AND Specify:  Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: BIACK  15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.)  Elementary/Secondary (0-12) College (1-4 or 5 +)
BE COMPLET	9th  17. FATHER'S NAME (First, Middle, Last)  Columbus James  Lula Modica  Lula Modica
10	196. INFORMANT'S NAME (Type/Print)  Sylva L. Boyd  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  197. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  208. METHOD OF DISPOSITION  208. METHOD OF DISPOSITION  208. BLACE AND DATE OF DISPOSITION (Along of Code)
examiner must	20b. PLACE AND DATE of DISPOSITION   DATE   20c. LOCATION — City or Town, State   4 Donation 5 Other (Specify)   21. SIGNATURE OF   HERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   March F/H West
event, the medical	23. PART I. Enter the diseases, pr complications that coursed the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between Onset and Death disease or condition resulting in death)  3. Sequentially list conditions, Due to total as a consequence on:
ERTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  C. DUE TO (OR All A CONSEQUENCE OF):  d
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IYSICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO
B B	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, Numb
COMPLETED	29s. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER  AS A DATE A GRANAL MD 29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)

2/216

Bearderforthy Cataline as 1974

38.00

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEF CERT	ARTMEN'	T OF H	EALTH DEA	AND N		HYGIENE REG. NO.	92	33816
	1. DECEDENT'S MAKE (First, Mixtur, Last)	A. 907	Enson	-,				2. DATE OF MONTH	29	YEAR 2	41 AM
JR.	4. SOCIAL SECURITY NUMBER ( 230-01-3590  9a. FACILITY NAME (If not institution, give a BON SECOMS	treet and pumber)	8. AGE (In yrs. lest birtho 93 YR	S. MONTHS	DAYS	HOURS	MIN.		26-1899	THPLACE (State or Foreign Intry)  Da.  DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		CITY, TOWN		TION				10d. INSIDE CITY LIMITS? 1 DYES 2 D ND		
FUNERAL (	10a. STREET AND NUMBER Pen 1	-ase H	ve	2a 170	_	2 zip coo	E 12	23	10g. (	CITIZEN OF	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WI			If yes, sp	ecify Cubi		n, Puerto Rici	Specify Yes or No- in, etc.)	1711.00	ACE — American Indian, ack, White, etc. ecity: Black
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		Min Do Mi	IT'S USUAL Co of of work done of use retired.)	during mo	ON ost of world	ing	1	nd of Business		
BE CON	17. FATHER'S NAME (First, Middle, Last) Benjamin	Johnson				Be	etty	Mas	the, Melden Surnem		
10	19a, INFORMANT'S NAME (Type/Print)  Najih Baha  20a, METHOD OF DISPOSITION	Amin	196. MAII 12 3	2 W	125/6	u,	Ave	Poute Number,	City or Towal State.	les	44 21228
	1   Buriel 2   Cremation 3   Rem 4   Donation 5   Other (Specify)   21. SIGNATURE OF FUNERAL SERVICE LIC		other place)	oude	n	Par	SS OF FAI	Cery	Ba 14	U HI	4
	> Glady	· W	Creno	4	an	4	F. H	Was	bash		
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one causes.	Perfora		g c	is h	ring, suci		e or respiratory	arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL CER	PART II. Other significant condition	d to	death but not result	ing in the u	inderlyln	g cause	given in		le. WAS AN AUTOP PERFORMED?		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND	HOSPITAL:	ER/Outpetlent 3 🗆 DO	OTHE	R:			eck only one)	Specify)		
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE DF (Month, De	y, Year)	TIME OF INJURY M	28c. IN. W	JURY AT ORK? YES 2		28d. DESCI	NIBE HOW INJURY		
3 Suicide 4 Homicide  8 Could not be determined  28e. PLACE DF INJURY — At home, farm, street, factory, office Dividing, etc. (Specify)  28e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occurred at the time, date and place, and due to the cause(a) and manner as starting one)										zi Houte Number,	
	(Onton Diny	ER: On the basis of ax				death occu		time, date ar	nd place, and due	to the caus	se(a) and manner as stated.  NED (Month, Day, Year)
TO BE	30, NAME AND ADDRESS OF PERSON W	/Eell	F OF DEATH (ITEM 27)	(Time Print)		ì	183		•	11/	29 192

ATH (ITEM 27) (Type, Print)

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46	TO THE COUNTY OF THE CONTRACT		į	IMPORTANT: If Item was marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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TOT	2 6	2	2	MP

	FOR 1 - STATE		STATE OF !	MARYLAI						MENTA	L HYGIEN		2			
113	REGISTRAR  1. DECEDENT'S NAME (First,	24144-1-4			CERTI	FICAT	E OF	DEA	ТН		REG. NO.					
	NADA						0110			MONT	E OF DEATH		YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMB		ZABETH_	A ACE (In			DYC			11	30			9:16 AM		
	216 76 06		1 M 2 X F	1111111	yrs. last birthde	MONTHUS	DAYS HOURS MIN.			7. DATE OF BIRTH (Morth, Day, Year) 5/23/1920			BIRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (If not institution, give street and number)													yland		
œ						9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O									
6	4011 MORTIMER AVE					BA:	LTIN	10RE		CIT	Y	===	====	====		
DIRECTOR	10a. STATE 10b. COUNTY					ITY, TOWN	OR LOCAT	TION						10d. INSIDE CITY		
ā	Maryland	===	======		E	altin	nore							LIMITS?		
A	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITI	ZEN OF V	VHAT COUNTRY?		
FUNERAL	4011 Mort	imer A	venue					212	215			Ţ	.S.A	۸.		
5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U	S. ARMED	13.	WAS DEC	ENDENT (	OF HISPAN	HC ORIGI	IN? (Specify Yes	or No-	14. RACE	E — American Indian,		
BY	1 Never Married 2 3 Never Married 2 Divo		IF YES, GIVE Y					2 K NO			Rican, etc.)	l	Speci	lly:		
														White		
	(Specify only	EDENT'S EDU y highest grade	completed)		6a, DECEDENT (Give kind of	'S USUAL Of work done use retired.)	during mo	ON ist of worlde	ng	16	b. KIND OF BUS	HNESS/INC	USTRY			
2	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	Mid. DO MOI	Dan Fallings.										
COMPLETED	17. FATHER'S NAME (First, Mi	icide (ast)				<del></del>		40 1407	UEDIO MA	ME (E)	Middle, Maiden					
			ndrew J.	Lloy	d			16. 11011		tha		cker	t			
8	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILI	IG ADDRES	S (Street a	and Number	or Rural I	Route Nun	nber, City or Town	1. Stete. Zic	Corte)			
2	Helen Bu	rns			704 I	lammo	nds	Lane			more,			21225		
	20a. METHOD OF DISPOSITI		511-180		ACE AND DAT			me of		DA		CATION —				
	1 1 Burlel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	(Specify)	ovel from State	- Cer	dar Hi	11 Ce	mete	erv		12/3	3 Bal	timo	re.	Maryland		
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE		- /	22.	1 Cemetery 12/3   Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.									
	Jeron	10 3	mami	wowrfw 4001 Ritchie F												
	23. PART i. Enter the di	iseasea, bro	complications the	t caused t	he death. Do	not enter	the mo	de of dy	ing, suci	h aa car	Bd.LT.	ratory an	est.	Approximate		
	shock, or he IMMEDIATE CAUSE (Fin	eart fellure.	List only one cau	ise on eacl	h line.						•			Interval Between Onset and Death		
	disease or condition resulting in death)		ARTER	10801	KOOT	7()	CA	222101	IARC	III.A	R DIS	EASE	7	l chiest and beau.		
	resulting in death)		DUE TO	(OR AS A C	ONSEGUENCE	OF):	0	4/ 10/	71300	COM	11- 110	013,00				
Z																
NTIO I	if any, leading to immed	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEGUENCE OF):														
3	CAUSE (Disease or Injury															
T 1			C. DUE TO	100 10 1 01	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
THE.		יי	DUE TO	(OR AS A C	DNSEQUENCE	OF):										
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	that initiated events resulting in death) LAST	T	d,				nderlyin	g cause (	given in	Part i.	24a. WAS AN PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
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3. TIME OF DEATH

21211

PEMES

REG. NO.

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

FOR

1 -

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

Donald

31. DATE FILEO (Moñth, Day, Year)

DEC 0 3 1992

Weglein

32. REGISTRAR'S SIGNATURE a Tevidson-Randall

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire

YEAR 30/92 Catherine Harris Leitner 11/ 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 11/25/16 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1 M 2 TF 14 2197 76 Marvland use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 3518 Poole Street Baltimore Balto. City RESIDENCE OF DECEDENT 10b. COUNTY IGA. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1- NES 2 NO Maryland. Baltimore 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21211 3518 Poole Street S. A. may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ves or if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TES ZYNO Specify BY Specify. 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Þ Elementary/Secondary (0-12) College (1-4 or 5+) 6th page 5 should be detached Homemaker notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname, Frank Martel1 Elizabeth Dardy BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frank Harris 3518 Poole Street, Baltimore, Md. pe 20e. METHOD OF DISPOSITION
1 (X Burlal 2 Commandon 0
4 Donation 5 Dither See 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Woodlawn Cemetery 22. NAME AND ADDRESS OF FACILITY Woodlawn, Maryland examiner Burgee-Henss Funeral Home 3631 Falls Road, Balto or removal. 21211 item 23 shows any injury, or other traumatic event, the medical 23. PART L'Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) INFARCTION Minutes MYOCARDIAL of Health and Mental Hygiene prior to burial, ARTERIUSCUENOTIC CARDIOVASCULAR DISEASE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL LUNG CHRUNK OBSTRUCTIVE 1 - YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) the State EXAMINER? HOSPITAL: OTHER: 1 YES 2 7 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 Mesidence 6 - Other (Specify) 4 - Nursi 28 is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED death with 1 ( Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f; LOCATION (Street end Number or Rural Route Number Ciby or Treyn, State) 6 Could not be COMPLETED after 4 Homicide Hem 29e. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Waken M1) 726394 gr 12/1 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

OHMH-16 Rev 1/89

Coldspring Lane Balto. Md.

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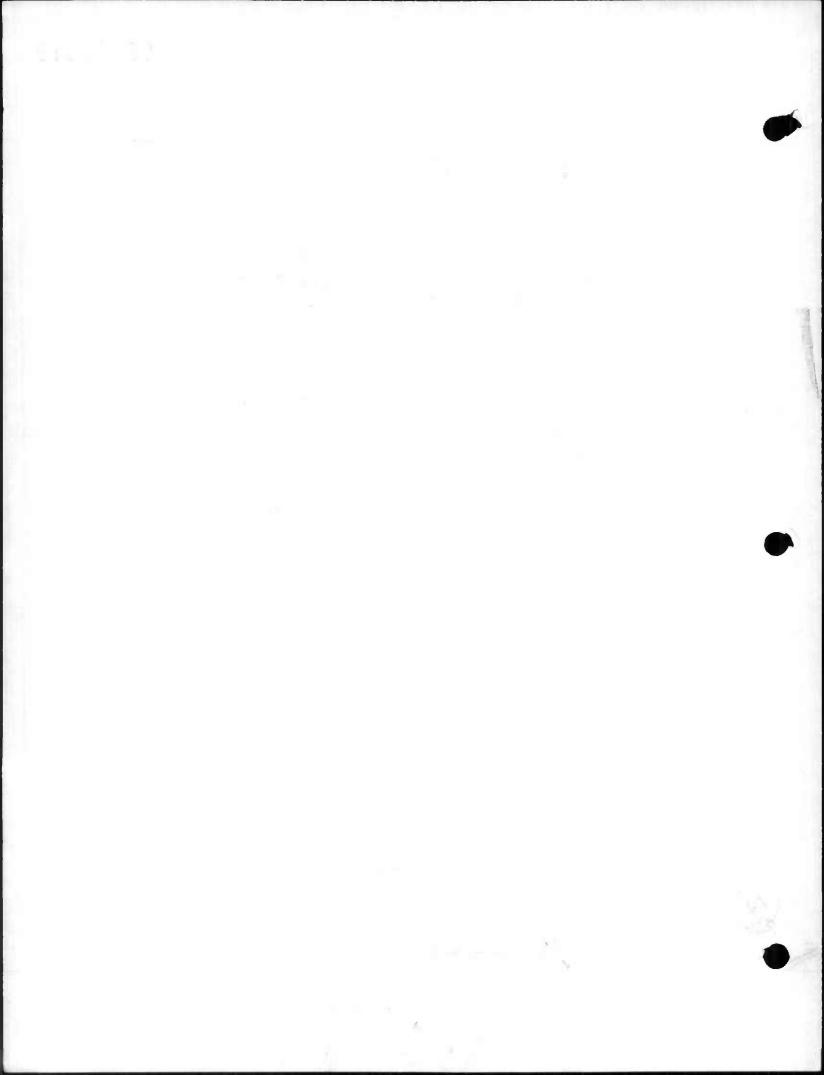
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR	OIME OF MAINE		ICATE OF	DEATH	MCHIN	REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)	,				2. DATE	OF DEATH	AV 199	92 STH	ME OF DEATH	
		SUSANNE RENE		LOGAN				EMBER	1, 414	2	6:45 a M	
		11. 1- 01-1	5. SEX 6. AGE (I	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH		BIRTHPLACE Country)	State or Foreign	
pinous	9	9a. FACILITY NAME (If not institution, give street		<i>5</i> ms.	OF CLEAN ALONNA	OR LOCATION OF D	10-	6-3	2/10	Calit	ornia	
8 S	Œ								9c. COUNTY	OF DEATH		
1. 2.	5	MARYLAND GENERAL HO	JSPITAL .		BALTIM	ORE CIT	TY		L BALTI	MORE	CITY	
Sage	DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION	01			10d.	INSIDE CITY LIMITS?	
permit. Pages	- 13	100, STREET AND NUMBER			altimo		ITY				YES 2 NO	
St.	FUNERAL	2525 W. B	elveder	e Av	/10	212 212	15	-	10g. CITIZE	S WHAT	COUNTRY?	
21215-0020 all or attending physician. for use as the burlal-transit	BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, op	CENDENT OF HISPA Hecity Odban, Mexico 2 NO Speci	en, Pverto		or No 14	RACE — An Black, White Specify	nerican Indian, e, etc.	
15-0 tending as the		15. DECEDENT'S EDUCAT	TION	Ma DECEDENTIE	USUAL OCCUPATION	7				Y	nite	
Z 2 2	ETED	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of a	work done during mo se retired.)		166	, KIND OF BU	SINESS/INDUS	THY		
	APL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ounces (Involver)	Wai	tres.	S						
AND the hospital detached fo	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First,	Middle, Maiden	Supperno)		(	
RYL sd by	BE	Robin Lo	gan			Anr	20	Jes	Hec	ac	h	
MARYLAND retained by the hospit should be detached notified at once.	5	19a. INFORMANT'S NAME (Type/Print)	1	196. MAILING	ADDRESS (Street)	and Number or Rural	Aoute Num	ber, City or Tow	n, Stata, Zip Co	de)	Mhde.	
		20a, METHOD OF DISPOSITION	Too	PLACEANDDATE	ungerra	ga VI.	Suite	342	KOCKY	ilel	111) 20 850	
ALTIMORE, seath. Page 6 may be tuneral director, page xaminer must be		1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		etery, crematory or o		Com ato	DAT	20c. LO	CATION - CIT	1 100	romia	
ALTIMO death. Page 6 funeral directs  xaminer mu		21. SIGNATURE OF FUNERAL SERVICE LICEN		Same I	HEALT HON	NO ADDRESS OF FA	CILITY,	٧١٠ -	aura,	>		
		Irven Co	urrel		17/	2-11 W	no!	ctho A	erall	Tome	m D	
at at		23. PART I. Enter the diseases, or cor	npilcations that caused	the death. Do i	not enter the mo	ode of dying, suc	h as can	diac or respi	iratory arrea		Approximata	
B of g		shock, or heart fellure. List IMMEDIATE CAUSE (Final	it only one cause on ea	ach line.							Interval Between Onset and Death	
- 23 -		disease or condition resulting in death)	SUBGLOTTIC	STENOSIS	S					į		
				CONSEQUENCE O								
Secure party	NO N	Sequentially list conditions, b.	CARDIOPULMO			<del></del>						
Cian cian ior t	AT	if any, leading to immediate cause. Enter UNDERLYING										
S, P.O. BOX death certificate be e attending physician ental Hygiene prior to iry, or other traum	CERTIFICATION	CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
death certi attending mtal Hygie	ERT	resulting in death) LAST										
		PART II. Other significant conditions	contributing to death br	ut not resulting	in the underlyin	g cause given in	Part I.	24e. WAS AN	ALITOPSV	24h WERE	AUTOPSY FINDINGS	
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RECC requires t een signe of Health	ED						- 1	1 TYES 2	₩O	OF DE	EATH?	
							-			ט'	YES 2 NO	
12 6 8 5 F	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	LACE OF DEATH (C)	neck only or	ne)				
VITA	SIC	1 YES 2 NO	IOSPITAL: V-Inpetient 2 - ER/Outpi	atient 3 DOA	OTHER: 4   Nursing Hore	ne 5 🗆 Residence	6 Othe	r (Specify)				
OF PHYSIC this cer with th	PH	27, MANNER OF DEATH  1 X Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT	28d. DE	CRIBE HOW I	NJURY OCCUP	ED		
ON OF DING PHYS After this death with s marked,	B	1 X Natural 5 Pending 2 Accident Investigation				YES 2 NO						
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate in hours after death with the State I Item 28 is marked, or item	03	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, s	street, factory, offic	•	26t. LOC City	ATION (Street a or Town, State)	and Number or	Rural Route N	lumber,	
OR AI DIREC DIREC hours	LET	29a. CERTIFIER	No. To the board of the board		W11 1V4	bezas Legis						
물 국가 =	COMPL	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowledge of the basis of examination							euse(a) and r	manner as stated.	
THE HOSPIT OTHE FUNERA School within 7	11	296. SIGNATURE AND THE OF CERTIFIER				29c. LICENSE NU			29d. DATE S		See 1 See Since	
E E E E	BE	4.162				LIGHT COLLINE NO	MDEN		DATE 3	1.10	7, Day, 16ar)	
( N)	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	Print)		-			7119		
		JOSEPH ROBINSON,	M.D. c/o	MARYLAN	ID GENER	AL HOSPI	TAL					
	į	31. DATE FILED (Month, Day, Year)	# NEGISTRAR'S SIGNA	ATURE								
		DEC 0 3 1992 July	d conteces these	- Company								

DHMH-16 Rev 1/89



IVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PASPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.  EUMPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should remain 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL R	THE THE SPIPAL OR ATTENOING PHYSICIAN: The law re THE FUND ALL DIRECTOR: After this certificate has bee be filed within 72 hours after death with the State Dept. c	IMPORTANT: If Item 28 is marked, or Item 23 sl	
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	al, Middle, Last)					- 01	DEA	I H		REG. NO	).																
CLYDE	J		LARI	ימו					2. DAT		AY	YEAR	3. TIME OF DEATH														
4. SOCIAL SECURITY NUM			5. SEX 6. AGE (In yrs. last birthdey)				IF UNDER 1 YEAR				7. DATE OF BIRTH 8.																
723-14-4148	1 X M 2 D F				1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.		(Ma	orth. Day. Year!	8. BIRTHPLACE (State or Country)		try)																
9a, FACILITY NAME (If not			07		Ob CVTV	TOWN OR LOCATION OF D			Oct 4, 192			5 WV															
Memorial Ho			ber]		ON OF DE	EATH			legar																		
RESIDENCE OF DECEDENT					Odin	DCI	Land					Legar	Ty														
10e. STATE	10c. CI	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY LIMITS?																	
WV		Кеу	ser							1 YES 2 NO																	
10e. STREET AND NUMBER	A					101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?														
1025 Card	olina	Avenue					267	26				U.S.	. A .														
11. MARITAL STATUS	250.000	12. WAS DECEDEN	T-EVER IN U.S	S. ARMED	13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIG	SIN? (Specify Ye	e or No-	14. RAC	E American Indian, ik, Whits, etc.														
1 Never Married 2 3 Widowed 4 Dhy	_	IF YES, GIVE Y					2 A NO			o Rican, etc.)		Spec															
		<u> WW I</u>										Whi	ite														
(Specify or	CEDENT'S EDU- nly highest grade	completed)	164	(Give kind of life. Do NOT u	Work done	CCUPATIO during mo	ON est of world	ng	1	66. KIND OF BU	SINESS/IN	DUSTRY															
Elementary/Secondary	(0-12)	College (1-4 or 5							Ι,	M 6 -																	
17. FATHER'S NAME (First, I	Middle ( pat)			Emplo	yee	_				Manufa		rıng	3														
		aRue								t, Middle, Maiden																	
19a. INFORMANT'S NAME		anue		10h MAN 000	Appear	. /0		uth		A. Di																	
The state of the s				100000000000000000000000000000000000000								/	26726														
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	o te	XIII	Rotruck Funeral Home																								
23. PART. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate												r.	WV 26726														
shock or	diseases, or o	complications the	it ceused th	e death. Do	not enter	the mo	de of dy	Ma ing, suc	in has ca	St K	eyse fratory ar	r,	Approximate														
shock, or IMMEDIATE CAUSE (Fi	hësrt fallure.	complications the	et coused the	e death. Do	not enter	the ma	de of dy	Ma Ing, suc	h as ca	St K	fratory ar	r ,															
shock, or i	hësrt fallure.	a. A	CU1	e death. Do line.	My 6	the mo	outh de of dy	Ma Ing, suc	h as ca	St Kardlac or resp	fratory ar	r,	Approximate interval Between														
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TO BE COMPL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION																										
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examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.																										
ie funeral director, page 5 should be detached for al.	TO THE MACE ALL DIRECTOR. And this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.																										
r death. Page 6 may be retained by the hospital	TO TOWN THEN DIR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital																										

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AN	ID MENTAI	HYGIENE	92	33821				
X.	1. DECEDENT'S NAME (First, Middle, Last)	P. EUGENE PA	McALLI	STER SR.	2. DATE MONTH	OF DEATH DAY	1 9	3. TIME OF DEATH  2 0900 M				
	4. SOCIAL SEQURITY NUMBER		yrs, Inet birthday) IF	MOER 1 YEAR IF UNDER 24 H	RS. 7. DATE (Month	OF BIRTH , Gay, Year) /	BIRTHPLACE (State or Foreign Country)					
	216-30-8540  9a. FACILITY NAME (If not institution, give a	1 M 2 D F 61	YRS.	CITYLTOWN OR LOCATION O	4	4/9/3/ MARYLAND						
NO.	196 Siller	Y BAY	Rd	PASAde			A	A				
DIRECTOR	10a, STATE 10b, COUNT	Υ		10d. INSIDE CITY								
		ARUNDEL	PAS	ADENA				LIMITS?				
RAL	100. STREET AND NUMBER	DOAD		10f. ZIP CODE				N OF WHAT COUNTRY?				
FUNERAL	196 SILLERY BAY 11. MARITAL STATUS	12. WAS DECEDENT EVER IN		21122 13. WAS DECENDENT OF H				S.A. RACE — American Indian,				
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR DAT KOR	E\$	If yes, specify Cuban, M 1 TES 2 NO S		lican, etc.)		Specify: WHITE				
ED	15. DECEOENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b.	KIND OF BUSI	NESS/INDUS					
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use ret	red.)								
COMPLETED	12 17. FATHER'S NAME (First, Middle, Lest)	NONE	CIVIL SER		S NAME (First, A			DEFENSE				
BE C	WALTER MCALLISTE	R			RET CA							
2	19a. INFORMANT'S NAME (Type/Print)  PATRICIA A. MCAL	IICTED		RESS (Street and Number or F		SADENA						
	20a. METHOD OF DISPOSITION	20b E	PLACE AND DATE OF DI	SPOSITION (Name of	OATI		1 110	y or Town, State				
	1 Burial 2 Cremation 3 Rem 4 Denation 5 Other (Specify)  21. SIGNATURE OF TOMERAL SERVICE U		TRO CREMA		12-	5 CATO	ONSVII	LLE, MD				
	Hornel	B 1/ inete	2/	SINGLETON F	UNERAL							
	23. PART I. Enter the diseases, or	complications that coused to	tha death. Do not o	1 SECOND AV	E. S.W such as card	ec or reapire	BURNI					
	ahock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel  Onset and Death											
	resulting in death)	a. TOUTE OR AS A C	CAVOIA	e ANS	45510	ren	cy					
NO	disease or condition a. Hente Cardine Insufficiency  a. Hente Cardine Insufficiency  Due to (or as a consequence of):  Sequentially list conditions,  b. Hypertens, re Heart Disease											
ATIC	if any, leading to immediate cause. Enter UNDERLYING	OUIT TO (OR AS A C	CONSEGUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A C	CONSEQUENCE OF):									
GER		d										
SAL	PART II. Other significant condition	a contributing to deeth but	t not reaulting in th	e underlying cause give	n In Part I.	24a. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDIC						1 TES 2	X40	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
								78 123 2 8 100				
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 0 YES 2 □ NO	HOSPITAL: 1   Inpatient 2   ER/Outpat		26. PLACE OF DEATH								
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 5 Reside 28c. INJURY AT WORK?		(Specify) CRIBE HOW IN	JURY OCCUP	RED				
BY	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY -		M 1 YES 2 NO								
TED	3 Suicide 8 Could not ba 4 Homicide determined	building, atc. (Specify	- At nome, term, street	, ractory, office		or Town, State)	nd Number or	Rural Route Number,				
IPLET		ICIAN: To the best of my knowled										
COMPL		R: On the basis of examination a	and/or investigation, in	my opinion, death occured a	t the time, date	and place, and	due to the c	ause(e) and manner es stated.				
BE	296, SIGNATURE AND TITLE OF CERTIFIE	Jon mo	Dep	city 29c. LICENSE	NUMBER O 60 C	54	29d. DATE S	IGNEO (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WH	0 -		1 (1)	D	/	74	-01 12				
	31. DATE FILED (Month, Day, Year)	1 32 REGISTRAR'S	mD.	VO R	749.	9	30	7//				
	UEC 0 3 1992	The second second										
	6.4.							DHMH-18 Rev 1/89				
11	(*)											

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no. L. .

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

2. DATE OF DEATH

	REGISTRAR		CI	EMIII	ICALE	OF	DEA	I II	REG. NO.				
3	1. DECEDENT'S NAME (First, Middle, Las	()							2. DATE OF DEATH MONTH	DAY	VE 4.5	3. TIME OF DEATH	
	Nita (nm	m)	M	ilak						2.5	1992	7:43 PM	
-	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH		B. BIRTH	PLACE (State or Foreign	
	212-82-0637	1 🗌 M 2💢 F	16	YRS.	MONTHS	DAYS	HOURS	MINI.	July 22,	1976	Country	yland	
·	90. FACILITY NAME (if not institution, give	street end number)			9b. CITY,	TOWN C	R LOCATION	ON OF DE		1	UNTY OF D	EATH	
DIRECTOR	Shock Trauma RESIDENCE OF DECEDENT 100, STATE 100, COUN				Baltimore City								
	Maryland		vre d		1723			10d. INSIDE CITY LIMITS? 1 VES 2X NO					
FUNERAL	10m. STREET AND NUMBER 258 Darlington		101. ZIP CODE 21078						VHAT COUNTRY?				
5	11. MARITAL STATUS	12. WAS DECEDENT					ENDENT C	F HISPANI	IC ORIGIN? (Specify	es or No-	USA 14. RACE	- American Indian,	
8	1 X Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	YES 2 N	NO				n, Mexican Specify:	, Puerto Rican, etc.)		Asi		
	15. DECEDENT'S EI (Specify only highest gra	DUCATION de completed)	16a. DE	CEDENT'S	USUAL OCC work done du se ratired.)	CUPATIO	ON st of workin	10	16b. KIND OF E	USINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		Stude					Hig	h Sch	nool		
O.	17. FATHER'S NAME (First, Middle, Last)			Dead	CIIC		18. MOTI	HER'S NAM	NE (First, Middle, Maid	n Sumame)			
BE C	Dr. Surendra 1	Kumar Mi	lak					amode			andak		
0	19a. INFORMANT'S NAME (Type/Print)  Dr. Surendra K. 1	W- 1 -1-							oute Number, City or T				
-	20a. METHOD OF DISPOSITION	MITAK						oad,	Havre de				
	1 Donation 5 Other (Specify)		20b. PLACE / cemetery, cre Hill	matory or o	of disposit ther place). Servi	ce (	me of Corp	. 11	DATE 20c. I		- City or Tor $\Gamma$ OWSO	n, Md.	
	21. SIGNATURE OF FUNERAL SERVICE	III - Para	- 14	6	22. N HO	AME AM	d K.	SS OF FAC	omas III	Funer	al Ho	ome, P.A.	
	Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate												
	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)							Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERT	resulting in death) LAST	d						-				1	
	PART II. Other significant condition	ons contributing to d	leath but not r	esulting	In the und	eriying	cause g	jiven in F		N AUTOPSY	24b.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
4: MEDICAL									A a				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Che	ck only one)				
YSI	1 ¼ YES 2 □ NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		5 🗆 Re	sidence (	Other (Specify)				
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	260. DATE OF II (Month, Day		28b. TIM	E OF	Bc. INJI WO 1   Y	RIC?	ONE	28d. DESCRIBE HOW	OWN			
8	3 Suicide 6 Could not b	28e. PLACE OF	INJURY — At he tc. (Specify)	me, ferm, e	street, sector	ry, office		^	281. LOCATION (Stree City or Town, Sta		E DE	GRACE, MD	
COMPLET	29a. CERTIFIER (Check only CERTIFYING PHY	SICIAN: To the best of m	ny knowledge, de			ie, date	end place,	and due t	near De	er I	Jank.	Court Court	
SOM	MEDICAL EXAMI	NER: On the besie of exa	mination and/or i	nvestigatio	n, In my opi	Inlon, d	eath occur	ed at the t	ime, date and place,	and due to	the cause(e)	) and manner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIF	tork	M	$\mathcal{A}$				. C . M		29d. DA		(Month, Day, Year)	
-	NAME AND ADDRESS OF PERSON W	OKA M	$\wedge$			ree			imore,	Mari			
	DEC 0 3 1992	Julia Devids	'S SIGNATURE	2	00			<u> </u>	LINULE,	TIGI V	Tail	21201	
	DEG 0 100C	1/											

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STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Mary -OLAS E. Nicolas 2. DATE OF DEATH 9 YEAR 3. TIME OF DEATH NIC MARI 1:35 2 7. DATE OF BIRTH (Morth, Day, Year) 00 04 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (SI te or Foreign 14-40-966 1 - M 2 2/4 50 YRS. permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. JOSEPH DIRECTOR DWSON 0 RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto. Cockeysville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the funeral director, page 5 should be detached for use as the burial-transit 10408 Barretts Delight Dr. 21030 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. If yea, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2\* NO Specify: 14. RACE -- American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY Specify 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Teacher Balto. City Schools notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) BE James Cleaa Marie Knight 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 8317 Thornton Rd Aurelia Dett 21204 pe 20a, METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 1 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must Mbutus 4 Donation 5 Other (Specify) Memorial Arbutus . Md 21. SIGNATURE OF FUNERAL SERVICE LICE examiner 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204 Ruck Towson Funeral Home, Inc. removal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata shock, or heart failure. List only one cause on each line. interval Betwe 6 IMMEDIATE CAUSE (Final intracciebral hemorrhage Onset and Death and completely fille burial, cremation, the disease or condition\_ executed within resulting in death) traumatic event, DUE TO (DR AS A CONSEQUENCE OF): Hypertension Severe CERTIFICATION Sequentially list conditions, OUE TO (DR AS CONSEQUENCE OF) DIRECTOR: After this certificate has been signed by the attending physician a hours after death with the State Dept. of Health and Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury death certificate other DUE TO (DR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL any COMPLETION OF CAUSE 1 YES 2 NO 23 shows 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 | YES 2 | 10 e 5 🗆 Residence 6 🗆 Other (Specify) ò 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investige 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) -00 COMPLETED 6 Could not be Item 28 4 Homicide 29a. CERTIFIER (Check only 1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. = 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mgnth, Day, Year) BE 29c. LICENSE NUMBER 12/1/12 D40673 Jumar-NO 9 30. NAME AND ADDRÉSS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) St-Joseph's Hospital Firman 32. RESISTRAR'S SOMATURE DEC 3 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

S2 " c8

	18	1. DECEDENT'S NAME (First, Middle, Last) JOHN CHARLES NAEG  JOHN NAEGELE					AEGE	AEGELE				2. DATE OF DEATH MONTH 11 29 192			3. TIME OF DEATH  6:20 P M
Pages 1, 2, 3 should		4. SOCIAL SECURITY NUMBER 218 28 6971		5. SEX  6. AGE (In yrs. last birthday)  176 M 2  F 59 YRS.			IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) 5-2-1933			a. BIRTHPLACE (State or Foreign Country) Maryland			
	NO.	9s. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY									Y OF DEATH LTIMORE				
	AL DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore County				10c. CITY, TOWN OR LOCATION								- 1	10d. INSIDE CITY LIMITS?
ermit.		10s. STREET AND NUMBER				Timonium				10g, CITIZEN				1 YES 2 NO	
nsit p	ER/	2008 East Ridge Road 21							1093	3				USA	
ALTIMORE, MARYLAND 21215-0020 death. Page 6 may be retained by the hospital or attending physician. Eluneral director, page 5 should be detached for use as the burial-transit permit.	BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES								an, Puerto Rican, etc.)			14. RACE - Black, Specify	American Indian, White, etc.	
	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)				16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					Minister				
	BE COMPL	17. FATHER'S NAME (First, Middle, Last)  Joseph Naegele  18. MOTHER'S NAME (First, Middle, Melden Surname)  Marie Collier													
	TO B	190. INFORMANT'S NAME (I Mildred Nae											vn, State, Zip , MD		3
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20s. METHOD OF DISPOSITION  1 General 2 Greenation 3 General from State  4 Constitution 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)													
BALTII ter death. Pa the funeral of wal.	7	22. NAME AND ADDRESS OF FACILITY State Anatomy Board 12/1/92 655 W.Baltimore St,Balto,MD 21201													
in 24 hours aft ely filled in by nation, or remo , the medica	-	Approximate shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  RESPIRATORY FAILURE  STOLOGY UNCENTED  PIET (OR AS A CONSEQUENCE OR)													
Co. BOX 6871 certificate be executed fing physician and con ygiene prior to burial, other traumatic er	NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  LYMPHOMA  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):										2 mon.			
	RTIFICAT														
S, P, e death he attend Mental H		PART II. Other significa	ent condition	ns contributing to	death but not	resulting i	n the und	erivino	COLUMN	niven in	Part I	24- 1480 44	AITTOREV	1 245 1	WERE AUTOPSY FINDINGS
w requires that the deal been signed by the att bt. of Health and Menta 8 shows any Injury,	MEDICAL										6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO			
2 6 8 6	AN:	25. WAS CASE REFERRED T	D MEDICAL					oe Di	ACE OF D	EATH OL	eck only one				
F VITA SICIAN: The certificate h the State [	SICI	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:								
O # # # #	ву рну	27. MANNER OF DEATH  1 Netural 5 1  2 Accident	Pending Investigation	28e. DATE OF (Month, D		Y 28b. TIME OF 28c. INJURY AT				28d. DESCRIBE HOW INJURY OCCURED					
VITENDI CTOR: A after d	ETED E					home, ferm, street, factory, office				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	COMPLI	29a. CERTIFIER (Check only one)  1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.													
TO THE HOSP! TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CONTIFIER PARTY				29c, LICENSE NUI							SIGNED (	SNED (Month, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Egin)  Charles Padgett IND, 5601 Local Paven Blvd, Baltomore, MD) 21239  31. DATGET O MARIN, DADRESS OF DEATH (ITEM 27) (Typo, Egin)  31. DATGET O MARIN, DADRESS OF DEATH (ITEM 27) (Typo, Egin)													
		31. DATE ELED (Mgmh. DA)	152	of the netterns	THE SIGNATURE										

, MARYLAND 21215-0020	memorited within 34 Prairie office darch. Done & come by catalined by the bounded or assenting at all all all
MAR	benines a
BALTIMORE,	Dros & march
BALT	o offer danth
	24 hours
X 68760,	portlad within
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DIVISION OF VITAL RECORDS, P.O. BOX

	Pages 1, 2, 3 should	
ng physician.	NET THE CHAIN STATE THIS CENTRICATE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 mount after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
the hospital or attendi	detached for use as I	9969
6 may be retained by	ctor, page 5 should be	nuct he notified of
INFIRE OR MITERDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	In by the funeral dire or removal.	medical examiner
executed within 24 h	n and completely filled to burial, cremation,	smatte event the
the death certificate by	the attending physicia 3 Mental Hygiene prior	Infury, or other tra
The law requires that	ate has been signed by ate Dept. of Health an	am 23 chows any
TENDING PHYSICIAN:	IDR: After this certification of the St.	If is marked or if
SPITAL OR AT	NERAL DIRECT hin 72 hours &	NT If Item 2

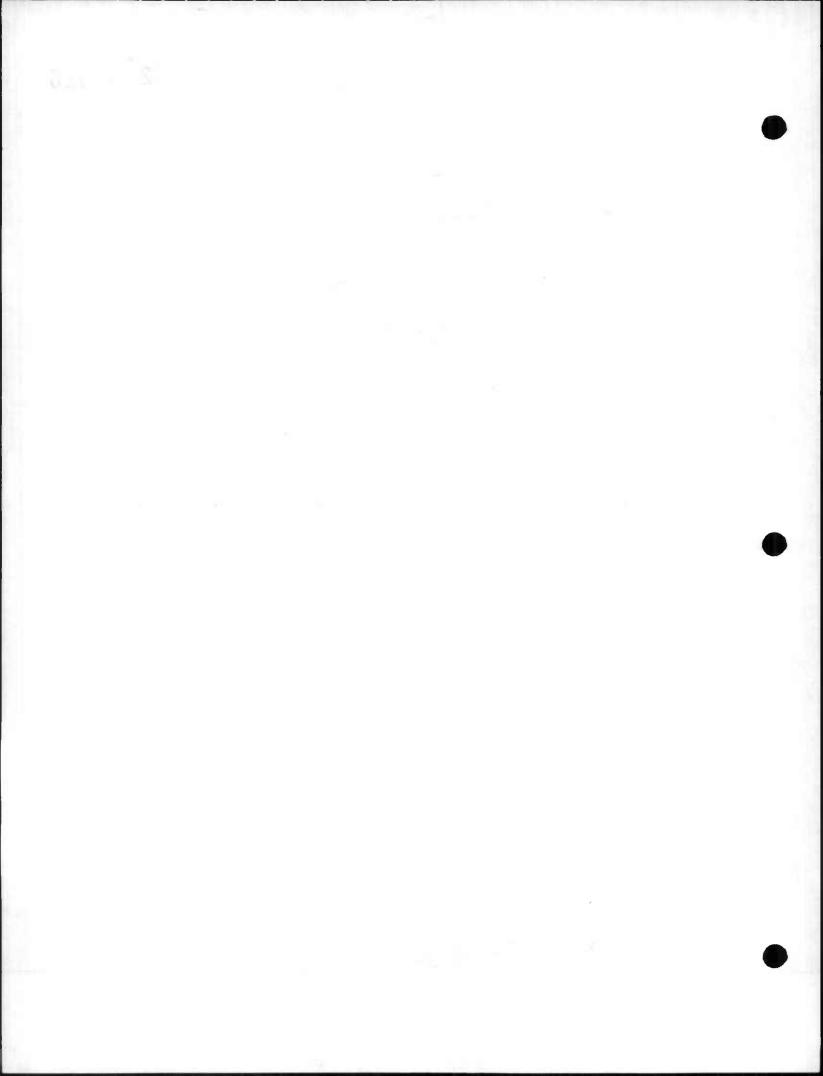
1.	FOR STATE	STATE OF MAR				IENTAL HYGIEN		33825
1.1	REGISTRAR  DECEDENT'S NAME (First, Middle, Last)  Li	llian Mary (	CERTII D'Donnell	FICATE OF	DEATH	2. DATE OF DEATH MONTH Dec. 2, 1992		3. TIME OF DEATH
	social security number 216–10–4905	-	GE (In yrs. lest birthday, 87 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Sept.5, 1905		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)  Lorien Riverside Nursing Home  9b. CITY, TOWN OR LOCATION OF DEATH  Bel camp, Md.							OF DEATH
16.	10c. CITY, TOWN OR LOCATION  Md. Baltimore Lutherville							10d. INSIDE CITY LIMITS?
¥ 104	a STREET AND NUMBER 1612 Greenspring Driv				1. ZIP CODE 21093		16g. CITIZEN	1 U YES 2 XNO
Xe 🚡	MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO	If yes, s	CENDENT OF HISPANI pecify Cuban, Mexican B 2 NO Specify:		or No.— 14.	RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT (Give kind of life. De NOT HOMEMA	S USUAL OCCUPATION work done during muse retired.)	ON ost al working	16b. KIND OF BU	SINESS/INDUS	TRY
m L	FATHER'S NAME (First, Middle, Last) George Harris Louden				Agnes Isa	Bbel Price		
2 J	ohn P. O'Donnell		611 L	anark Cour	t Bel Air, M			
X	a. METHOD OF DISPOSITION  Burlal 2 Cremation 3 Rem  Donation 5 Other (Specify)  SIGNATURE OF FUNERAL SHIFTIGE UP		CNEW Cathed	rai place.5	1992	Balt	imore, N	or Town, State
	James J. Ble	ddu			and J. Ruck	Inc. 5305 H	arford F	Road21214
iM	3. PART. Enter the diseases, or shock, or heart failure.  IMEDIATE CAUSE (Final issues or condition sutting in death)	Eight only one couse of the total at the couse of the total at the tot	ased the death. Do in each line.	not enter the mo	ode of dying, such	as cardiac or reap	ratory arrest	t, Approximata interval Between Onset and Death
FICATI	equentially list conditions, any, leading to immediate huse. Enter UNDERLYING AUSE (Disease or injury at initiated events sutting in death) LAST	с	AS A CONSEQUENCE (					
MEDICAL	ART II. Other algolficant condition	a contributing to deel	th but not reaulting	in the underlyin	g ceuse given in P	Part I. 24s. WAS AN PERFOF	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	Outpatient 3 🗍 DOA	QTHER:	LACE OF DEATH (Chec			
> 1/	MANNER OF DEATH  Natural 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye	RY 28b. TI	ME OF 28c. IN.		28d. DESCRIBE HOW I	NJURY OCCUR	MED
	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJ building, etc. (	URY — At home, ferm, Specify)	street, factory, offic	•	281, LOCATION (Street a City or Town, State)	and Number or i	Rural Route Number,
COMPLETE		CIAN: To the best of my k						euse(a) and manner as stated.
H C	SIGNATURE AND TITLE OF CENTRED	1		H	P 2833			CANEED (Morrier, Day Years)
	NAME AND ADDRESS OF PERSON WH Linda Freilich MD	101 E. Wheel					-	
31.	DEC 0 3 1992		IGNATUTE AND ASSESSED					

28.01.24

20 0 - July

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	the law requires that the death certificate be executed within Z* hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria-transit nermit. Pages 1, 2, 3 should
be filed within; 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	smoval.
IMPORTANT: It iem 28 is marked, or tiem 23 shows any injury, or other traumatic event, the medical examiner must be neitified at once	lical examinar must be notified at once

= {	1. DECEDENT'S NAME (First,	Middle, Last)	-							2. DATE OF	DEATH		3.	TIME OF DEATH
1 8	Alverta	Quar	les					November 29, 1992 8:52						
- 3	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. le	at birthday)	IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. DATE OF (Month, De	BIRTH	8. BIRTHPLACE (State or Foreign Country)		
	219-38-281		1 🗆 M 2 🖔 F	52	YRS.	MONTHS.	DAYS	HOURS	RAIN).	4-3	0 - 40		M	D
								WN OR LOCATION OF DEATH 9c, COUNTY OF DEATH					1	
DIRECTOR	Maryland General Hospital Baltimore													
E E		10b. COUNTY			10c. CI	TY. TOWN	OR LOCA	TION					100	I INSIDE CITY
1 2	MD Baltimore City											I. INSIDE CITY LIMITS? YES 2 NO		
A P									10g. CITI	IZEN OF WHAT				
FUNERAL	1004 Webb Ct. 21202								USA					
15	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED	13.	WAS DEC	CENDENT	OF HISPAN	NC ORIGIN? (S	pecify Yes	or No-	14. RACE —	American Indian,
BY	1 Never Married 2 1 h 3 Widowed 4 Divorce		IF YES, GIVE V	MAR OR DATES	NO				Specify		n, etc.)			ack
03	15. DECE	DENT'S EDU	CATION	16a, Di	ECEDENT'S	LUSUAL C	CCUPATI	ON		I san wa	AD OF BUI	SINESS/INC		ack
E	(Specify only Elementary/Secondary (0-1		completed) College (1-4 or 5	(0	live kind of a. Do NOT u	work done	during me	ost of world	ing	I I I I I I I I I I I I I I I I I I I	10 07 80.	MACOO! MIC	JOSTAT	
.   로	12th grad				ieta	ary								
COMPLET	17. FATHER'S NAME (First, Mid	idle, Last)								ME (First, Midd				
i w l	Richard B	ogue	S					Eli	zab	eth F	osk	еу		
0 B	19e. INFORMANT'S NAME (Typ	pe/Print)		19	b. MAJLING	ADDRES	S (Street a	and Numbe	r or Rural F	Route Number,	City or Tow	n, State, Zip	Code)	
-	<u>Vernessia</u>				2308	3 Hu	nte	r St	./B	altim	ore	, MD	2121	. 8
	209. METHOD OF DISPOSITION 1   Burial   2   Cremation 4   Densition   5   Other (5	ON 1 3 🗆 Remi Specify)	oval from State	20b. PLACE cemetary, cn					Par	DATE			City or Town,	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSIEN	1)					SS OF FAC	_			, , , , , ,	
	- Vane	son	Copy	$\nu$		h	IM C	. M.	ARCH	I F.H.	/11	01 6	E. NOI	RTH AVE.
	23. PART i. Enter the dis shock, or her	eases, or cart failure.	complications the	t caused the deuse on each illne	eath. Do	not ente	the mo	de of dy	ing, suci	h as cardiac	or respi	ratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Fine disease or condition	i	me regional se											Onset and Death
	resulting in desth)	▶ .	. Sepsi	S										
				ene Ext										
CERTIFICATION	Sequentially list condition		b	(OFI AS A CONSE										
\\$	cause. Enter UNDERLYIN	IG												
Ē	CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A CONSE	QUENCE O	F):								•
EH	resulting in death) LAST		d											
	PART ii. Other significan	t condition	s contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part i, 24	. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
EDICAL			y, Diabe							ean la	PERFOR		AMR. COI	ALABLE PRIOR TO MPLETION OF CAUSE
MED										_   ''	163 2	□ NO		DEATH? YES 2 NO
														, , , , , , , , , , , , , , , , , , , ,
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					LACE OF D	EATH (Che	eck only one)				
YSI	1 TES 2 NO		1 Inpatient 2	ER/Outpatient	□ DOA	OTHE 4 I Nu		10 5 🗆 R	esidence	6 Other (Sp	pecify)			
	27. MANNER OF DEATH  1 Netural 5 P	ending	28a. DATE OF (Month, D		28b. TIN	NE OF JURY		PAK?	7 440	20d. DESCRI	BE HOW I	NURY OC	CURED	
B	a Contact	westigation	28e, PLACE C	F INJURY — At he	ome ferm	street fac		YES 2	_ NO	284 LOCATIO	W Chart	and the same	or Rural Route	Atumba
COMPLETED		ould not be stermined	building,	etc. (Specify)			,,			City or it	wn, State)	TO TUITION	or ribrar ribble	rearnow,
<u> </u>	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowledge, de	eth occur	ed at the	lime, date	and place	, and due	to the cause(s	) and man	ner as stat	led.	
Š.	one) 2 MEDIC	AL EXAMINE	R: On the besis of e	xamination end/or	Investigation	on, in my	opinion, d	leath occu	red at the	time, date and	place, an	d due to th	ne cause(s) and	f menner as stated.
BE C	296. SIGNATURE AND TITLE	OF CERTIFIER	1					29c. LIC	ENSE NUM	IBER		29d. DAT	E SIGNED (Mo	nth, Day, Year)
TO B	Ch	An											11/3	0/92
	30. NAME AND ADDRESS OF						Ioon.	i to 1	227	Tinda	n A 3**	20110		
	Andrew Khan,				Gene:	rall	iosp:	TLAT	04/	rruge	H AV	enue	-	
	DEC 0 3 199	2 9	whe Devido	R'S SIGNATURE	2.									



TO SE HIGSPITAL DR ATTEN FROM FLINEFAL DIRECTOR: TAKE ATTEN 72 HOURS AFTER TAKET IN THE 28 IN	TO THE HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the many are death. Page 6 may be retained by the hospital or attending	METERIAL DIRECTOR: After this certificate has been signed by the attending physician and completely like in by the funding director, page 5 should be detached for use as the	pearly with the State Dept. Of health and mental hygiene prior to burial, defined or tenest.	Appropriate the 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: Th	THE PLANEHAL DIRECTOR: After this certificate	THE THEE WITH IT HOURS ARE DEATH WITH THE STATE	Character If Hem 28 is marked, or item

1. DECEMENT'S NAME (First, Middle   set			RTIFICA	IL OI	DEA	III A. A.	-	REG. NO.	-		
	Lavinia M	Rose				21		2-2-1	792	FAR 16	1:29 A
4. SOCIAL SECURITY NUMBER 2/5-/4-5/74A	5. SEX 6.	(1-	YRS. WONTH	DER 1 YEAR	IF UNDER HOURS	MIN.	Month. 9-20	5 - 190	9 8.	Country)	CE (State or Foreign Land
9a. FACILITY NAME (Il not institution, give Levindale Ge.		enten	9b. C	ETY, TOWN C	_	ON OF DEA	ATH		e. COUNTY	- 0	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	aty.	1.	IOc. CITY, TOW	N OR LOCAT	101					140.	I. INSIDE CITY
Md.		1.5	ioc. 6111, 1011		tim	ore					LIMITS?
100. STREET AND NUMBER 4755 Homesda	Le Ave.				2/2					S.A	COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 160	D	If yes, sp	ecify Cube		, Puerto Ri	(Specify Yes or can, atc.)	No- 14	I. RACE — Black, W Specify:	American Indian, hite, etc. White
15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	(Give	DENT'S USUAL kind of work do NOT use retire	one during mo od.)	ON st of workin	ng	1	no of Busin			Seal
17. FATHER'S NAME (First, Middle, Last) Thomas Shipl	eu							ddle, Malden Su L Beed			
19e. INFORMANT'S NAME (Type/Print)	9	19b. h	AAILING ADDR	ESS (Street a				r, City or Town,		ode)	
Mrs. Charlott	e L. Peck	35	05 No	orthw	ay i	Dr.	Bal	to., 1	ld.	2/23	4
28a. METHOD OF DISPOSITION  1)2 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	Parkw	ematory or oth				12/		tion - ch		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE -	200		22. NAME A	Leu	Mil	Len	Funer L. Bas	ral 1	Home	
	- Press	AS A CONSEQUE	Sove of:	5							
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	R AS A CONSEQUE	ENCE OF):								
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c				2000					1	
If any, leeding to Immedieta cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c			underlyln	g cause :	given in f		24e. WAS AN AI PERFORM 1 YES 2	ED?	AM CO OF	ALABLE PRIOR TO
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If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions of the co	DUE TO (OF  d.  HOSPITAL: 1 Unpetient 2 El  28a. DATE OF IN. (Month, Day,  28a. DATE OF IN. (Month, Day,  The building, etc.  YSICIAN: To the best of my INER: On the best of axer	R/Outpetlent 3 USURY Year) NJURY — At home : (Specify) r knowledge, death	DOA OTHORS. TIME OF INJURY A cocurred at the estigation, in r	26. PI	LACE OF E	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d. LOCA City of to the cautifum, date	PERFORM  1 YES 2  (Specify)  CRIBE HOW IN.  TION (Street ann. Town, State)  Le(a) and mannand place, and	TURY OCCUPY OCCUPY as stated due to the case of the ca	RED  RED  RED  RURAT ROUR  Cause(a) ar	ALLABLE PRIOR TO APPLETION OF CAUSE DEATH?  YES 2 100  Number,  Number,  Indian manner as stated onth, Day, Year)
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the cause of the condition of the cause o	DUE TO (OF  d.  HOSPITAL: 1 Unpetient 2 El  28a. DATE OF IN. (Month, Day,  28a. DATE OF IN. (Month, Day,  The building, etc.  YSICIAN: To the best of my INER: On the best of axer	R/Outpetlent 3 USURY / Year)  JURY / Year)  At home  A knowledge, death  Inination and/or inv	DOA OTHORS. TIME OF INJURY A cocurred at the estigation, in r	26. PI	LACE OF E	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d. LOCA City of to the cautifum, date	PERFORM  1 YES 2  (Specify)  CRIBE HOW IN.  TION (Street ann. Town, State)  Le(a) and mannand place, and	TURY OCCUPY OCCUPY as stated due to the case of the ca	RED  RED  RED  RURAT ROUR  Cause(a) ar	ALABLE PRIOR TO MEPLETION OF CAUSE DEATH?  YES 2  NO  Number,

- Alphania

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Pages 1, 2, 3 should

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DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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PORTANT: If Item

HOSPITAL Within 72 h 10a. STATE

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-		
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13SIC	als ce	ith th	ed,
16 Pt	ter th	ath w	mark
NDIV	R: At	or de	Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ATTE	003	s afte	1 28
8	DIRE	hour	Hem

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 33828 FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN YEAR WILBERT RUBY 01 92 12:15 P. 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS MIN MARYLAND 1 M 2 F 80 YRS. 218-07-6972 10 12 10 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN 2805 HAMPDEN AVENUE BALTIMORE RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO 10. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2805 HAMPDEN AVENUE 21211 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6TH FARMER SELF EMPLOYED 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) CAREY RUBY MAGGIE RUBY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2805 HAMPDEN AVENUE, BALTIMORE, MARYLAND 21211 EUGENIA RODMAN 20a. METHOD OF DISPOSITION
11/2 Burlal 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State cemetery, crematory or other place)
UNION CEMETERY 12/4/92 BURKETTSVILLE, MARYLANI 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME Mun LL 3818 ROLAND AVENUE, BALTO., MD 21211 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory strest, Approximate shock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death diseese or condition prommis resulting in death) DUE TO (OR AS A CONSEQUENCE OF): hranic Aspiration
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Multiple DUE TO (OR AS A CONSEQUENCE OF resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THO OF DEATN? 1 | YES 2 | 10

5. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN (	Check only one)
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   December 2   December 3	OTHER: OA 4 Nursing Home 5 Residence	a 6 Other (Specify)
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	N. TIME OF 186C. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED
3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — A1 home, 1s building, etc. (Specify)	irm, street, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my pointing death per

		pine, data and pin	ace, and one to like cause(a) and market sa state
96. SIGNATURE AND TITLE OF CERTIFIER	200	29c. LICENSE NUMBER D 23076	29d. DATE SIGNED (Month, Day, Year)  12-3-92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print,

Richard	L.	Diamond	3730	FALLS	Rd	BAUT
DATE FIRED (Worth, Day, Your)	0 .	32. REGISTRAR'S SIGNATURE				
FC 0 3 1992	Julia	Deviden-Randell				

Md 2/2/

Tieffeeld of 1017 175

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)	rehla		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH	
	Leoba J. SV  4. SOCIAL SECURITY NUMBER  5. SEX  1 □ M 2XXIII  9. FACILITY NAME (If not institution, give street and number)	6. AGE (In yrs. last birthday)  YRS.	F UNDER 1 YEAR F UNDER 24 HRS. ONTHE DAYS HOURS MIN.	11 30 7. DATE OF BIRTH (Month, Day, Year) 11/6/11	92 3:45 P 8. BIRTHPLACE (State or Foreign Country)  Maryland	
CTOR	6910 Lachlan Circle	]	Balto. Ci	eath 9c. Co	OUNTY OF DEATH	
DIRE	Maryland  10s. STATE 10s. COUNTY  Maryland  10s. STREET AND NUMBER		alto. City		10d. INSIDE CITY LIMITS?  \$\frac{1}{2}\text{YES} 2 \square NO	
FUNERAL	6910 Lachlan Circle	DENT EVER IN U.S, ARMED	21239		U.S.A.	
B	1 Never Married 2 Married FORCES?	1 YES 2- NO E WAR OR DATES	If yes, specify Cuban, Mexic  1 YES 2 NO Speci	an, Puerto Rican, etc.)	io— 14. RACE — American Indian, Black, Whits, etc. Specify: White	
PLETED	ss. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 4	(5.0) We. Do NOT use n	k done during most of working stired.)	16b. KIND OF BUSINESS/		
E COMPL	17. FATHER'S NAME (FIRE, MOSSIL LESS)	Teac	18. MOTHER'S N	AME (First, Middle, Malden Surname		
TO BE	19A INFORMANT'S HAME (TypoPrint)  James R Svehla	UE -0.00000	ODRESS (Street and Number or Rural	Poure Number, City or Town, State,		
	20s. METHOD OF DISPOSITION XXX Burlal 2 □ Cremation 2 □ Removal from State 4 □ Donation 6 □ Other (Specify)	PLACE ANO OATE OF Other	pisposition (Name of Place) Faith Cem. 12	DATE 20c. LOCATION  /3/92 Balto	City or Town, State	
	21. SIGNATURE OF FUNERAL SUPPLIE CONTRACT  MALE CACHESTO MA	K	22. NAME AND ADDRESS OF F	1050 York	Inc	
	23. PART I. Enter the diseasea, or complications to shock, or heart failure. List only one of IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  DUE	that caused the death. Do not cause on each line.  Myocar TO (OR AS A CONSEQUENCE OF):			arrest, Approximate Interval Betwee Onset and Das	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	TO (OR AS A CONSEQUENCE OF):				
MEDICAL	PART II. Other algorificant conditions contributing  - Hyperfension  - A.S. C.V.D.	to death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2  NO		26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence	heck only one)  8  Other (Specify)		
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending (Month Investigation		F 28c, INJURY AT	28d. DESCRIBE HOW INJURY	DCCURED	
ETED	4 Homicide determined	E OF INJURY — At home, farm, streng, etc. (Specify)	et, factory, office	281. LOCATION (Street and Num. City or Town, State)	ber or Rural Route Number,	
COMPL	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of					
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Am (n	2) 10-11	MBER 29d. D	ATE SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CO.  Khin Tum M.D. 1006 Ta.  31. DATE FILED (Month, Daylor)	ylor Ave. 212				
	1 15 1 3 1992 gulia Davi	don-handell				



ITEMS: 23 PART I,27,28a,b,d,e,f PER MEO G-694 12/14/92 reb

E STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RIMENT OF I	HEALTH AND	MENTAL	HYGIENE REG. NO.		
	- 1	1. DECEDENT'S NAME (First, Middle, Last)		- 10			2. DATE (	OF DEATH	YEAF	3. TIME OF DEATH
		DANIEL CAI	SHERO	D , JR n yrs. lest birthday)	- manage 4 wrea	T	11	21	1992	
pinous		216-54-5766  9a. FACILITY NAME (If not institution, give str	1 m 2 F 42		MONTHS DAYS	HOURS MIN.		4-1950	Cod	RTHPLACE (State or Foreign unity)  Md
2, 3 sho	POR	3900 Block Ba:		oad		on LOCATION OF DI TOTE Cit			e. COUNTY O	: DEATH
Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	ATION				10d. INSIDE CITY LIMITS?
permit.		Md 100. STREET AND NUMBER		Ва	ltimore 10	Df. ZIP CODE		- 1	10g. CITIZEN O	1 🔀 YES 2 🗌 NO
as tis	FUNERAL	3404 Piedmont				21216			US	
-0020 fing physician. the burial-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO TES	If yes, at	CENDENT OF HISPAI pecify Cuben, Mexica S 2 (1) NO Specif	an, Puerto R		Bi	ACE — American Indian, lack, White, etc. pecify: Black
or attend	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	work done during me	ION lost of working	16b.	KIND OF BUSIN	ESS/INDUSTRY	
AND 2- the hospital o detached for once.	OMP	12th 17. FATHER'S NAME (First, Middle, Last)	2			18. MOTHER'S NA	AME (First, M	liridia Maidan Su	mama)	
d by the did be did atto	w	Daniel C. Sherod	I. Sr			Hazel	Sher	od		
MAR retained 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)	Charad	1		and Number or Rural				
ORE, I 6 may be ctor, page 8		Daniel & Hazel	20b. F	PLACE AND DATE	OF OISPOSITION /N	nt Avenue	Balt		Md 2	
MOR age 6 ma director, p		1 Solution 5 Cremation 3 Ramo	W	ntery, cremetory or of OOD LAWN			1128		timore	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUREHALL SERVICE LICE	March		Marc 430	ch F/H We 00 Wabash	st Aver			
24 hours filled In tion, or re		IMMEDIATE CAUSE (Final	NARCOTIC AND C	COCAINE IN	TOXICATION		ch as cardi	lac or respirat	ory arrest,	Approximata Interval Between Onset and Death
DX 687 be executed clan and con or to burial, aumatic er	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C							
P.O. B th certificate anding physical Hygiene p or other	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A C	CONSEQUENCE OF	<b>י</b> ן:					
ORD; that the ed by the th and M any Inju	MEDICAL (	PART II. Other significant conditions	contributing to death but	t not resulting i	n the underlyin	ig cause given in		24a. WAS AN AU PERFORME 1 DES 2	D?	24b. WERE AUTOPSY FINDINGS MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
St. of Per							-			1 YES 2 NO
TAL The lar te has ate Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	neck anly one	)	1	
PHYSICIAN: this certifica with the Str	IYSI		1 - Inpetient 2 - ER/Outpet			ne 5 🗆 Residence			Sidew	alk
NG PHYS fler this ceath with marked,		1 Natural Tariding	28a. DATE OF INJURY (Month, Day, Year) FOUND: 11/21/92		URY WO	JURY AT ORK? YES 2 NO	UNKNO	WN	JRY OCCUREO	
TTENDI CTOR: A after d	ETED BY	2 Accident  3 Suicide  4 Homicide  1 Investigation  5 XXCould not be determined	28e. PLACE OF INJURY - building, etc. (Specify FOUND IN STREE	— At home, farm, s	street, factory, office		28f, LOCA	TION (Street and r Town, State) 3	Number or flur 900 BLK.	el Route Number, BARRINGTON RD.
3 4 K =	COMPLE		CAN: To the best of my knowled	dge, death occurre		s and place, and due	to the caus	e(s) and manne		-th and manner on plated
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If		296 SIGNATURE AND TITLE OF SERTIFIER				29c, LICENSE NUI				ED (Month, Dey, Year)
THE STATE OF THE S	TO BE	30. NAME AND ODRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)	0.0.				/22/1992
(H)			. WARW 1	11 Pen		et, Bal	timo	re, Ma	aryla	nd 21201
$\smile$		DEC 0 3 1992	32. REGISTRAR'S SIGNAT	anditte.						

2 Second

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	1. DECEDENT'S NAME (First, Middle, Last)	ueren", c	RN			2. DATE OF DEATH	1-23-9 W 7EA	3. TIME OF DEATH7
	4. SOCIAL SECURITY NUMBER	S. SEX B. AGE	Claryes Test torthology)	UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8. BI	ISTUSIANE CONTRACTOR
	168-26-5556		95 VAS.		HOURS MM.	07-03-1		nnsylvania
CTOR	9a. FACILITY NAME (If not institution, give Harbor Hosp				imore	EATH	9c. COUNTY O	DEATH
EG	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TY	10c. CITY, T	OWN OR LOCAT	TION			10d. INSIDE CITY
DIRE	Maryland A	nne Arunde	1		Glen B	urnie		LIMITS?
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE	4	10g. CITIZEN C	OF WHAT COUNTRY?
SNE	6327 Furnace B	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	2106	IC ORIGIN? (Specify Ye		SA NACE — American Indian,
B	1 Never Married 2 Married  \$\frac{1}{2}\text{Wildowed} 4 Divorced	FORCES? 1 _ YES		If yes, sp	ecify Cuben, Mexica 2 NO Specify	n, Puerto Rican, etc.)		White
ETED	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S US	done during me		16b. KIND OF BU	ISINESS/INDUSTR	ny .
PLE	Elementary/Secondary (0-12) 8 t h	College (1-4 or 5+)	ille. Do NOT use re	memake	er		Home	
COMPL	17. FATHER'S NAME (First, Middle, Last)		110	in e in earce		ME (First, Middle, Meider		
BE	William E	. Carnes				Mary Ali		
2	190. INFORMANT'S NAME (Type/Print) Howard E. Thor	'n	6327 F	urnace	nd Number or Rural I	h Rd., G	vn, Stete, Zip Code, 1en Bu	21061 rnie, MD
	20s. METHOD OF DISPOSITION  Dispurial 2 □ Cremation 3 □ Ren	200	PLACE AND DATE OF D	ISPOSITION (Na			OCATION — City of	
	4 Donation 5 Other (Specify)		netery, crematory or other Highspir	e Ceme			rrisbu	rg, PA
1		Man MK			abb Fun	our ieral Hon	ne, P.A	A
		lacNabb		301	Frederi	ck Rd.,	Balto.	Md 2122
	23. PART I. Enter the diseases, or shock, or heart failure.	List only one ceuse on e	a the death. Do not	enter the mo	de of dying, suci	h aa cardiac or resp	Hratory arrest.	Approximate
			ecir inte.			Constitution of the second	The same of the sa	Interval Betw
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. PNEUL		4			1 page 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Interval Betw
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TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		CONSEQUENCE OF:	1+EA	RT F	Ailyr	E	Interval Betw Onset and De
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92 33001 80

- II.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle,								2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	s F. Trout	1						Nov		1992		
		5. SEX		(In yrs. last birt	MONTHS	R 1 YEAR	HOURS	MIN.		OF BIRTH		8. BIRTH Count	IPLACE (State or Form
	212-18-1689			72 '	YRS.					03/20			yland
œ	9a. FACILITY NAME (If not institution						OR LOCATI		EATH		9c. COUN	ITY OF D	DEATH
CTOR	St. Agnes Hos				Bal	timo	ore C	ity					
E C	10a. STATE 10b. C	COUNTY		10	c. CITY, TOWN	OR LOCA	TION	_					10d. INSIDE CITY
DIREC	MD Ba	altimore			Lan	sdow	me						LIMITS?
A	10a. STREET AND NUMBER		-			10	of. ZIP COD				10g. CITIZ	ZEN OF	WHAT COUNTRY?
FUNERAL	4009 Hollins H	Ferry Road					212	27			USA	1	
5	11. MARITAL STATUS	12. WAS DECED FORCES?	ENT EVER I	IN U.S. ARMED			CENDENT (			7 (Specify Ye	s or No-	14. RACI	E — American India:
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR D	DATES			8 2 NO			mount, etc.)		Spec	illy:
	15. DECEDENT	'S EDUCATION		16a, DECED	ENT'S USUAL C	OCCUPATI	ION		Lagh	KIND OF BU	ISINESS/INDI	Whi	te
COMPLETED	(Specify only highes Elementary/Secondary (0-12)	t grade completed) College (1-4 or	5.4)	(Give ki	ind of work done NOT use retired.)	during me	ost of working	ng	1000	NAME OF BU	SINE 33/IND	031111	
릴	8th		• • •	Lamin	ator				Mi	Fa			
ő	17. FATHER'S NAME (First, Middle, La	nst)	_		NATION.		18. MOT	HER'S NA		fiddle, Maiden	Sumame)		
ш													
TO B	19a. INFORMANT'S NAME (Type/Print	()		19b. M/	AILING ADDRES	S (Street	and Number	or Rural I	Route Numb	er, City or Tov	vn, State, Zip	Code)	
F	Joyce Magoverr			320	1 Gard	en A	venue	2	Balt	more		MD	21227
	20a, METHOD OF DISPOSITION 1 A Burlai 2 Cremation 3	Removal from State	208	5 PLACE AND	DATE OF DISPO	SITION (M	lama o/		DATE	200 10	CATION - C	New or To	own, State
	4 Donation 5 Other (Specify	1	M	eadowr	idge M	emor	ial 1	Park	12/4	1/92 D	orsey	, Ma	aryland
	21. SIGNATURE OF FUHERAL SERV	ICE LICENSEE			1 1 22.	. NAME A	ND ADDRE	AT CHIEF	ose i	<b>Funera</b>	1 Hom	e of	f Lansdo
	track	07 (		_	3 2	719	Hamm	onds	Fr.	Rd. L	ansdo	wne	, Md. 21
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BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart to MMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant con  21. WAS CASE REFERED TO MEDICE EXAMINERT  1 VES 2 VINO  27. MANNER OF DEATH  1 Natural   Pending investig   Accident   Investigation   Investiga	DUE 1  DU	TO (OR AS AS AS AS AS AS AS AS AS AS AS AS AS	A CONSEQUENT A CON	NCE OF STATE OF THE UP TO THE OF THE	onderlyin  28. Pi  Fil: ming Hon  28c. MC  1 1  story, office	LACE OF D  LACE OF D  THE STATE OF THE STATE	given in	Part I.  Part I.  28d. Dess  28f. LOCO City to the cau	24a. WAS AMPENFOL  1 YES:  KIYON /Street.  V Ewen, States  ee(e) and ma	AUTOPSY INACED?	24b	Interval Be Onset and Onse
COMPLETED BY PHYSICIAN: MEDICAL	Shock, or heart to MMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE 1  DU	TO (OR AS AS AS AS AS AS AS AS AS AS AS AS AS	A CONSEQUENT A CON	NCE OF STATE OF THE UP TO THE OF THE	onderlyin  28. Pi  Fil: ming Hon  28c. MC  1 1  story, office	LACE OF D  LACE OF D  THE STATE OF THE STATE	given in	Part I.  Part I.  28d. Dess  28f. LOCO City to the cau	24a. WAS AMPENFOL  1 YES:  KIYON /Street.  V Ewen, States  ee(e) and ma	AUTOPSY INACED?	24b	Interval Be Onset and Onse
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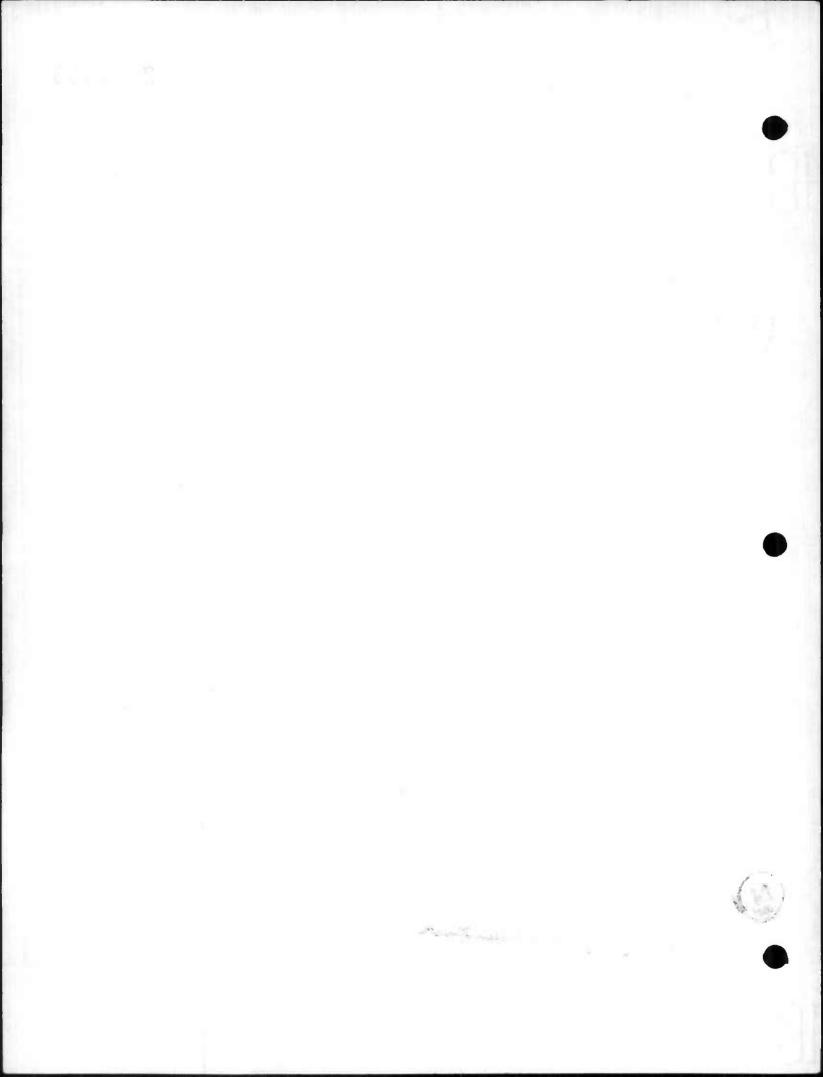
DEC 0 3 1992

92-6739-005

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO G-697

92 33833

		CERT	IFICATE OF DE	ATH	AL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last	)		MON	E OF DEATH TH DAY	3. TIME OF DEATH
	Michael	Ronald	Trescott	1	1 27 19	92 11:50 A.
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthda	MONTHS DAVE MONTH	/4.4	E OF BIRTH oth, Day, Year)	BIRTHPLACE (State or Foreign Country)
	216-50-1265  9e. FACILITY NAME (If not institution, give	1 4/			0450	Baltimore, Md.
TOR		Highway Rm.#14	White Ma		1.5	nty of DEATH timore
DIRECTOR	10a. STATE 10b. COUN		CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	remore	Halethorpe		100 00	1 YES 2 NO
18	1814 Summitt Ave	20110				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED		227 T OF HISPANIC ORIG	IN? (Specify Yes or No	14. RACE — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		uban, Mexican, Puerto		Specify: White
	15. DECEDENT'S ED (Specify only highest grad		T'S USUAL OCCUPATION	16	b. KIND OF BUSINESS/IN	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	of work done during most of wo T use retired.)	inang		
COMPLETED	0-12th	welde	r		mfg.	
SOM	17. FATHER'S NAME (First, Middle, Last)		18. M	OTHER'S NAME (First,	Middle, Meiden Sumame)	
111	Bernard Trescott			Catherin	e A. Devine	3
TO B	19a. INFORMANT'S NAME (Type/Print)		ING ADDRESS (Street and Num	ober or Rural Route Nur	nber, City or Town, State, Zi	Code)
	Bernard Trescott	181	4 Summitt Ave	enue Hale	thorpe. Md	21227
	20a. METHOD OF DISPOSITION 1 Devial 2 TyCremation 3 Res	moval from State	TE OF DISPOSITION (Name of	OA	TE 20c. LOCATION -	City or Town, State
	4 Donation 🕏 Dother (Specify)	Baltimo	re-Washington	n Crem:12	/01/92 Law	cel, Maryland
	21. SIGNATURE OF FUNERAL SERVICE	IGENSEE (	22. NAME AND ADD		***	
(	12 Co	7			Home, Inc.	
	23. PART I. Enter the diseases, or	complications that caused the death. D	o not enter the mode of	dying, such aa ca	rdiac or respiratory ar	rest, Approximate
	snock, or neart failure	complications that caused the death. D. List only one cause on each line.	o not enter the mode of	dying, such as ca	rdiac or respiratory ar	rest, Approximate interval Between Onset and Deatl
	IMMEDIATE CAUSE (Final disease or condition	. List only one cause on each line.	o not enter the mode of	dying, such aa ca	rdiac or respiratory ar	rest, Approximate interval Between
1	IMMEDIATE CAUSE (Final	a. NARCOTIC AND ALCO	O not enter the mode of	dying, such aa ca	ang Rd. 21	rest, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. NARCOTIC AND ALCO	O not enter the mode of	dying, such aa ca	1 ng Rd 21.	rest, Approximate interval Between
TION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. NARCOTIC AND ALCO	O not enter the mode of one of the state of	dying, such aa ca	1ng Rd 21	rest, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. NARCOTIC AND ALCO  DUE TO (OR AS A CONSEQUENCE  b  DUE TO (OR AS A CONSEQUENCE  c	O not enter the mode of one of the state of	dying, such aa ca	1ng Rd 21, rdlac or respiratory ar	rest, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. NARCOTIC AND ALCO  DUE TO (OR AS A CONSEQUENCE	O not enter the mode of one of the state of	dying, such aa ca	1 ng Rd 21, rdiac or respiratory ar	rest, Approximate interval Between
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AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. NARCOTIC AND ALCO  DUE TO (OR AS A CONSEQUENCE  b  DUE TO (OR AS A CONSEQUENCE  c	O not enter the mode of one of the corp.  OF:	dying, such as car	rdiac or respiratory ar	Approximate interval Between Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti Onset and Deeti
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SICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  d.	O not enter the mode of or not enter the mode	e given in Part I.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
HYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and conditions are supported by the conditions are supported by the cause of the cau	a. NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE  b. DUE TO (OR AS A CONSEQUENCE  c. DUE TO (OR AS A CONSEQUENCE  d	26. PLACE OF  26. PLACE OF  OTHER: 4   Nursing Home 5	e given in Part I.	24a, WAS AN AUTOPSY PERFORMED?  1 XYES 2 NO	24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
HYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other algnificant conditions and the cause of the conditions of the cause	a. NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE b. DUE TO (OR AS A CONSEQUENCE c. DUE TO (OR AS A CONSEQUENCE d. DUE TO (OR AS A CONSEQUENCE d. DUE TO (OR AS A CONSEQUENCE 1. DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE C. DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CON	O not enter the mode of one of the line of	e given in Part I.  F DEATH (Check only of Residence 6 Sty Oth 28d, DE	24a. WAS AN AUTOPSY PERFORMED?  1 XYES 2 NO  Per (Specify) Motes  SCRIBE HOW INJURY OC	24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II, Other algnificant conditions and the cause of the conditions of the cause	a. NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE b. DUE TO (OR AS A CONSEQUENCE c. DUE TO (OR AS A CONSEQUENCE d.  DUE TO (OR AS A CONSEQUENCE d.  HOSPITAL: 1   Inpetient 2   ER/Outpatient 3   DOA  28a. DATE OF INJURY   28b.   1   28b.   1   28c. PLACE OF INJURY — At home, for	28. PLACE OF  OTHER: 4 Nursing Home 5  TIME OF SCHINJURY AT WORK? 1 YES 2	e given in Part I.  F DEATH (Check only of Residence 6 NOth 28d, DE	24a. WAS AN AUTOPSY PERFORMED?  1 XYES 2 NO  NO. NO. NO. NO. NO. NO. NO. NO. NO. NO.	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (bisease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause cause. The conditions are conditions and the cause cause cause. The cause cause cause cause cause cause. The cause ca	a. NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE  b. DUE TO (OR AS A CONSEQUENCE  c. DUE TO (OR AS A CONSEQUENCE  d. DUE TO (O	28. PLACE OF  OTHER: 4 Nursing Home 5  TIME OF SCHINJURY AT WORK? 1 YES 2	e given in Part I.  F DEATH (Check only of Residence 6 NOth 28d, DE	24a, WAS AN AUTOPSY PERFORMED?  1/2 YES 2 NO  NO STORES AND MUTOPSY PERFORMED?  1/2 YES 2 NO  ESCRIBE HOW INJURY OC INTO NOWN, State) 1 4 2	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO  TO VES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are sufficiently yes 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation Suicide (N) Could not be datarmined	a. NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE b. DUE TO (OR AS A CONSEQUENCE c. DUE TO (OR AS A CONSEQUENCE d.  DUE TO (OR AS A CONSEQUENCE d.  HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA  28a. DATE OF INJURY   28b.	28. PLACE OF  28. PLACE OF  29. PLACE OF  20. PLACE OF  20. PLACE OF  20. PLACE OF  20. PLACE OF  20. PLACE OF  20. PLACE OF  21. PLACE OF  22. PLACE OF  23. PLACE OF  24. Nursing Home 5 □  25. NJURY AT  WORK?  26. INJURY AT  WORK?  1 □ YES 2	e given in Part I.  F DEATH (Check only of Residence 6 NO Oth 28d, DE Ch)	24a. WAS AN AUTOPSY PERFORMED?  1/2 YES 2 NO  NO! (Specify) Mote SCRIBE HOW INJURY OF STRIBE HOW INJURY OF TOWN, State) 1142  White Mar	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  TO PRIVAT Route Number. 9 Pulaski High-
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death) LAST  PART II. Other algnificant conditions (Death of Death  NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE b. DUE TO (OR AS A CONSEQUENCE c. DUE TO (OR AS A CONSEQUENCE d.  HOSPITAL: 1   Inpetient 2   ER/Outpatient 3   DOA  28a. DATE OF INJURY   28b.   11  28a. PLACE OF INJURY — At home, farr building, etc. (Specify) FOUND: IN MOTEL  SICIAN: To the best of my knowledge, death occi	28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  30 INJURY AT  WORK?  1 YES  2 INJURY AT  WORK?  1 YES  2 INJURY AT  WORK?  1 YES  2 INJURY AT  WORK?	e given in Part I.  F DEATH (Check only of Residence 6 NO Oth 28d, DE Ch)  2 NO 26f, LO	24a. WAS AN AUTOPSY PERFORMED?  1/2 YES 2 NO  PERFORMED?  1/2 YES 2 NO  PERFORMED?  1/2 YES 2 NO  PERFORMED?  1/4 YES 2 NO  PERFORMED?  PERFORMED?  1/4 YES 2 NO  PERFORMED?  PERFORMED?  1/4 YES 2 NO  PERFORMED?  PERFORMED?  PERFORMED?  1/4 YES 2 NO  PERFORMED?  PERFORMED?  PERFORMED?  1/4 YES 2 NO  PERFORMED?  PE	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  TO PUT A SK1 High- Sh	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investigation and investigation are conditions. Investigation and investigation are conditions. Investigation are conditions investigation and investigation are conditions. Investigation are conditions investigation and investigation are conditions. Investigation are conditions in the conditions investigation are conditions. Investigation are conditions in the c	a. NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE b. DUE TO (OR AS A CONSEQUENCE c. DUE TO (OR AS A CONSEQUENCE d. DUE TO (OR	28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  28. PLACE OF  3 4   Nurshing Home 5    Title OF 28.C. INJURY AT WORK?  1 YES 2  1 YES 2	e given in Part I.  F DEATH (Check only of Residence 6 R/Oth 28d, DE 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	24a. WAS AN AUTOPSY PERFORMED?  1 XYES 2 NO  SCRIBE HOW INJURY OC SCRIBE HOW INJURY OC TOWN, State) 1142  White Mar Russe(a) and manner as state and place, and due to til	24b. WERE AUTOPSY FINDINGS ARRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  TO FINAL PROOF TO CURED
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death) LAST  PART II. Other algnificant conditions (Death of Death  NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE b. DUE TO (OR AS A CONSEQUENCE c. DUE TO (OR AS A CONSEQUENCE d. DUE TO (OR	O not enter the mode of or the mode of or the mode of or the last of the last	e given in Part I.  F DEATH (Check only of Residence 6 R/Oth 28d, DE 2 NO 28f, LO CO,	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  SCRIBE HOW INJURY OC SCRIBE HOW INJURY OC TOWN (Street and Number or Town (Street) 14 2 2 3 4 4 5 4 5 4 5 6 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8	24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  CURED  COPPER PUT A SK 1 High - Sh ted. The cause(s) and manner as stated.  E SIGNED (Month, Day, Year)	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause. Examiner?  1	a. NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE b. DUE TO (OR AS A CONSEQUENCE c. DUE TO (OR AS A CONSEQUENCE d.  DUE TO (OR AS A CONSEQUENCE d.  HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA  28a. DATE OF INJURY   28b.   10   28a. PLACE OF INJURY — At home, farr building, etc. (Specify) FOUND: IN MOTEL  SICIAN: To the best of my knowledge, death occiter. On the best of examination and/or investigater.	O not enter the mode of or the mode of or the mode of or the corp.  28. PLACE OF 28. PLACE OF WORK?  4   Nursing Home 5   Title OF WORK?	e given in Part I.  F DEATH (Check only of Residence 6 R/Oth 28d, DE 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  SCRIBE HOW INJURY OC SCRIBE HOW INJURY OC TOWN (Street and Number or Town (Street) 14 2 2 3 4 4 5 4 5 4 5 6 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8	24b. WERE AUTOPSY FINDINGS ARRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  TO FINAL PROOF TO CURED
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investigation and investigation are conditions. Investigation and investigation are conditions. Investigation are conditions investigation and investigation are conditions. Investigation are conditions investigation and investigation are conditions. Investigation are conditions in the conditions investigation are conditions. Investigation are conditions in the c	B. NARCOTIC AND ALCO DUE TO (OR AS A CONSEQUENCE  b. DUE TO (OR AS A CONSEQUENCE  c. DUE TO (OR AS A CONSEQUENCE  d. DUE TO (OR AS A CONSEQUENCE  d. DUE TO (OR AS A CONSEQUENCE  d. DUE TO (OR AS A CONSEQUENCE  d. DUE TO (OR AS A CONSEQUENCE  d. DUE TO (OR AS A CONSEQUENCE  d. DUE TO (OR AS A CONSEQUENCE  d. DUE TO (OR AS A CONSEQUENCE  d. DUE TO (OR AS A CONSEQUENCE  d. DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONS	O not enter the mode of or the mode of or the mode of or the corp.  28. PLACE OF 28. PLACE OF WORK?  4   Nursing Home 5   Title OF WORK?	TION  TO DEATH (Check only of Residence & NO Check only of LOCAL OCCUPANT OF LOCAL OCCUPANT OF LOCAL OCCUPANT OF LOCAL OCCUPANT OF LOCAL OCCUPANT OF LOCAL OCCUPANT OF LOCAL OCCUPANT O	24a. WAS AN AUTOPSY PERFORMED?  1/2 YES 2 NO  NO. STREET AND MUTTHER OF TOWN, Street and Muspher or Town, Street and Muspher or Town, Street and due to to to the street and place, and due to the street and place, and due to the street and place, and due to the street and place, and due to the street and place, and due to the street and place, and due to the street and place, and due to the street and place, and due to the street and place, and due to the street and place, and due to the street and place.	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  TO PUT A SK1 High - Sh ted. The cause(s) and manner as stated. The Signed (Month, Day, Year)  1 / 28 / 1992



hours after death. Page 6 may be retained by the host	ed in by the funeral director, page 5 should be detache	or removal.	medical examiner must be notified at once.	
TO THE MINES ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE COMPLECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	I was a start death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, (	IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
5	10	De fil	MP	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTING	MENT OF H	EALTH AND ME DEATH	ENTAL HYGIEN REG. NO.	E 92	33834
16	1. DECEDENT'S NAME (First, Middle, Last)	IN Ta	Raso.	N		Novembe:		3. TIME OF DEATH 1992 1024q M
	4. SOCIAL SECURITY NUMBER 579 18 7432	1 13kM 2 □ F 6	9 YRS.	TUNDER 1 YEAR NITHS DAYS	HOURS MIN.	APTIL 6	,1923	BIRTHPLACE (State or Foreign Country) Penn.
TOR	9a. FACILITY NAME (If not institution, give HOLY CYOSS HO RESIDENCE OF DECEMENT				Spring	Н		gomery
DIRECTOR	10a. STATE 10b. COUNT	tgomery		own on Locat			-	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3330 N. Leisu			2	20906		USA	N OF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1% NYES 15 YES GIVE WAR OF DAY	2 NO	If yes, spe	ENDENT OF HISPANIC actly Cuban, Mexican, F	ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re Mainten	done during mos tired.)	st of working	Private		
E COM	17. FATHER'S NAME (First, Middle, Last) Sam Tarason				Bessie	(First, Middle, Maiden Galler	Surname)	
10 B	19a INFORMANT'S NAME (Type/Print)  June Tarason				nd Number or Rural Rou LO above	te Number, City or Tow	n, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION 1 General Section 1 General Section 2 General Section 3 General Section 3 General Section 1 General Section 1 General Section 1 General Section 1 General Section 1 General Section 1 General Sec	noval from State ceme	PLACE AND DATE OF Contery, cremetory or other Leban	on Cen	1.11/30/	92 Ade.	cation – cir lphi,	y or Town, Stats MD
1	Esecustare	Parkey		Ives- Falls	Pearson Church	Funeral, VA 2	2046	
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on ea	the death. Do not the line.		de of dying, such a	na cardiac or reapi	ratory arrea	Approximate interval Between Onset and Death
z	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):		ont, As	penemon	13	1 wans
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A	CONSEQUENCE OF):		nutuma			
Ä	PART II. Other significant condition	ns contributing to death bu	it not resulting in t	he underlying	cause given in Pa	rt I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
N: MEDIC						-		OF DEATH?  1 YES 2 NO
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:  y □ Inpatient 2 □ ER/Outpa		THER:	ACE OF DEATH (Check	C. S. C. N.		
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	M 1 Y	RIC? ES 2 NO	Bd. DESCRIBE HOW I	NJURY OCCUP	RED
ED	3 Suicide 6 Could not be determined	28e, PLACE OF INJURY building, etc. (Special	— At home, farm, streety)	et, factory, office	26	BI. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
COMPLET	one) 2 MEDICAL EXAMINI	ER: On the basis of szamination						
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIE	Schon us			29c. LICENSE NUMBE	R		IGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WITH A STATE OF THE STATE	y Schu	arz	nt)				
	REC 0 2 1002 44	33. REGISTRAR'S SIGNA	AL.					

8. BIRTHPLACE (State or Foreign Country)

9c. COUNTY OF DEATH

A. A.

10g. CITIZEN OF WHAT COUNTRY?

USA

North Carolina

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

WHITE

REG. NO.

18b. KIND OF BUSINESS/INDUSTRY

TRANSPORTATION

2. DATE OF DEATH MONTH 11 ROBERT LEE TILLMAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 5-23-1928 217-20-3109 1 X M 2 - F 64 DAYS HOURS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH North Arundel Hospital Glen Burnie DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE BALTIMORE (ELKRIDGE) permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 6639 WASHINGTON BOULEVARD, LOT 12 21227 use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuben, Mexican, P

1 YES 2 X NO Specify: F YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple ě entary/Secondary (0-12) College (1-4 or 5 +) detached 8 TRUCK DRIVER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) should be notified at ALBERT JACKSON TILLMAN MARY ALICE VICKERY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 funeral director, page 5 MARSHA STALLINGS BOX 159, CRUMPTON, MD 21628 9 20s. METHOD OF DISPOSITION
1 □X Burlei 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must MARY LAND VETERANS CEMETERY 12/4/92 4 Donation 5 Other (Specify) axaminar 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
STALLINGS FUNERAL HOME, P.A. signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. event, the madical 23. PART I. Enter the diseases, or compile ms that/caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List or IMMEDIATE CAUSE (Final disease or condition \_\_\_\_ HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati DIVISION OF VITAL RECORDS, P.O. BOX 68760, or other traumatic MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. shows PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ne 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? is marked, 1 Natural 5 Pending 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be Itam 28 | 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. IMPORTANT: If 

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE lie Devidon-Bordell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

1

BE

2

PFC 0 3 1992

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DATE 20c. LOCATION — City or Town, State CROWNSVILLE. MD 3111 MOUNTAIN ROAD, PASADENA, MD 21122 Interval Betwe Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) DHMH-16 Rev 1/89 20 a St

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BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he bett. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ical examiner must be notified at once.	TO BE COMBIETED BY EINERAL DIBECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMDIETED BY DUVOICIAN: MEDICAL CEDTICICATION

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / I CE		TMENT OF			NTAL HYGIEN REG. NO		00000
	1. DECEDENT'S NAME (First, Middle, Last)	May	TU	IR	NE	R.		DATE OF DEATH	5-92	ar 0 - 25 A
	4. SOCIAL SECURITY NUMBER 579 24 3372	6. SEX	6. AGE (In yrs. last i	birthday) YRS.	IF UNDER 1 YE		ARINE.	Month, Day, Year)		DIRTHPLACE (State or Foreign Country)
DR.	90. FACILITY NAME (If not institution, give at Hyattsville Nurs					N OR LOCATION	ON OF OEATN		9c. COUNTY	
5	RESIDENCE OF DECEDENT  16a, STATE 16b, COUNTY	,		40.000						
DIRECTOR		rince Ge	2 00	10c. C11	y, town on L Hyatt:					10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	The Ge	7 60		пуасс	101. ZIP COD	F		10g CITIZEN	1 YES 2 NO
R.	Hyattsville N/H	6500 Ric	ras Road				0785		logi dirizzii	USA
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDED	T EVER IN U.S. ARM T YES 2 XNC		If yes		n, Mexican, Pr	RIGIN? (Specify Yeuerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
ED BY	3 . Widowed 4 Divorced  15. OECEDENT'S EDU (Specify only highest grade	CATION	16a. DEC		USUAL OCCUI	ATION		16b. KINO OF BU		White
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5	+) #6. [	Do NOT us	work done during ne retired.) n Offi		ny	Bank	ing	
S	17. FATHER'S NAME (First, Middle, Last)						Contract of the Contract of th	First, Middle, Melder		
BE	Oliver Gessford							May (Unk		
10	190. INFORMANT'S NAME (Type/Print) Ruth Williams							Number, City or You Ot. 402S		esda, MD 20814
	20e. METHOD OF DISPOSITION 1	oval from State	of cemetary of	crematory	or other place.		12	DATE 20c. S	CATION - CHY LEN BUT	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	the p	9.		Sto	e and addre	s Fune		, P.A.	
	23. PART I. Enter the diseases, or o shock, or heart failure.			th. Do i						
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DE	BILI	TY						Onset and Death
NO	Sequentielly list conditions,	a POR	O (OR AS A CONSEQUENCE OF CONSEQUENC	U	Mat	0;	Fel	rile.	uln	ess;
ICATI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	PON	KING	100	right	m;		2		
CERTIFICATION	that initiated events resulting in death) LAST	De	we.	Ili	a.					
CALC	PART II. Other significant condition	s contributing to	death but not re							24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	grenno	1 1	se Cul	ril	ue v	diere	7	. 1 TYES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL									
0	EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF E			5.	
1XS	1 YES 2 NO 27. MANNER OF DEATN	28e. DATE O	ER/Outpetient 3	28h. TIN		Nome 5 A	-	Other (Specify)  d. DESCRIBE NOW	INJURY OCCUR	FD
BY PI	Natural 5 Pending Investigation	(Month,	Day, Year)	IN.	M	WORK?	NO			
	3 Suicide 8 Could not be 4 Nomicide determined		OF INJURY — A1 hon i, etc. (Specify)	ne, farm,	street, factory,	offica	26	1. LOCATION (Street City or Town, State		Burel Route Number,
PL	0001	ICIAN: To the best of	of my knowledge, dea			date end place				
NO	A MEDICAL EXAMINE	R: On the basis of	examination end/or in	rvestigatio	on, in my opini	on, death occu	red at the time	i, date end piace, i	ind due to the ci	nuse(e) and menner as stated.
O BE COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIES		Rao 11	westigation	on, in my opini		ENSE NUMBER			euse(e) and menner as stated.  GNED (Month, Dey, Year)
	Ø ☐ MEDICAL EXAMINE	lian	Rao,	no	7					



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DHMH-16 Rev 1/89

ar death. Page 6 may be retained by the hor	he funeral director, page 5 should be detach	J.	examiner must be notified at once
e death certificate be executed within 24 Jury aft	he attending physician and completely filled in by	Mental Hygiene prior to burial, cremation, or remo	jury, or other traumatic event, the medica
TO THE MONTH OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-wours after death. Page 6 may be retained by the hor	I UNICOTAL After this certificate has been signed by the	with the State Dept. of Health and It	IMPORTANT III MATERIAL OF ITEM 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE PROSPER	0.01	be file within 72	MPONTANT

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYGIENE REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest LILA HELLE		YEARY			2. DATE OF DEATH NOVEMBER	30, 1 <b>99</b> 2	3. TIME OF DEATN 2. 1:40 P M
	4. SOCIAL SECURITY NUMBER 212 36 7385	1 □ M 2 🔯 F	54 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/29/1938	S Ma	ryland
IOH	9a. FACILITY NAME (If not institution, give THE JOHNS HOPKI RESIDENCE OF DECEDENT		9		R LOCATION OF DE		BALTIMO	DRE CITY
DIRECTOR	10a. STATE 10b. COUN	ne Arundel		OVER	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7552 Race Road			101	21076		10g. CITIZEN OF	WHAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Married 2 1 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) /:	Bio	CE — American Indian, ack, White, etc. scity: White
LEIED	15. DECEDENT'S EE (Specify only highest gra	OUCATION de completed) Coffege (1-4 or 5 +)	16a, DECEDENT'S US (Give kind of wor life. Do NOT use i Housewi	k done during mo etired.)	N st of working	16b. KIND OF BUS		
COMPL	17. FATHER'S NAME (First, Middle, Lest)	Earl L. Be	rry	1.6	18. MOTNER'S NA	Home M  ME (First, Middle, Meiden :  Y A. Riss	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)  Karen M. Robe	rta	195. MAILING AI H C 81	BOX (		Poute Number, City or Town ringfield,		rginia 26763
	20s. METHOD OF DISPOSITION  1. Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE	omoval from State	ob. PLACE OF DISPOSIT other place) Meadowridge	e Memor		Ba1	timore.	Town, State  Maryland
	Sama 7	m Zramin	owski	George 4001	J. Gond Ritchie B	ce Funeral Hwy. Balti	more. M	1d. 21225
	23. PART I. Enter the diseases, o shock, or heart fellur, IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Covic	eech line.  Lances A Consequence of:	t enter the mo	de of dying, suc	h as cardiac or reapl	ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	bDUE TO (OR AS	S A CONSEQUENCE OF):					
MEDICAL	PART II. Other algoriticent condition Pulmonary + Chronic Pbs. Almal Fibrill ut	FIN	PUMONAY		g cause given in	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WÁS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 2000  27. MANNER OF ĎEATH	HOSPITAL: 1 Napatient 2 ER/O 28s. DATE OF INJUR	utpetient 3 DOA 4	OTHER: Nursing Non	URY AT	6 Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURED	
2	1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not b 4 Nomicide detarmined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, str	M 1 🗆	PRK? YES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Run	si Route Number,
COMPLETED	(Crieck only	YSICIAN: To the bast of my kn						e(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIF	ker	DEATH STEM AT G		29c, LICENSE NU .H996	MBÉR	. 11/-	ED (Mogth, Day, Year)
	30. NAME AND ADDRESS OF PERSON IN BYP CLEY  31. DATE FILED (Month, Day, Year)	JOHNS H	optins He	Spital	600 N	Wolfe St	- Kalt	MD 21205
	11/30/92	DEC 0 3	1992	in devide	Morber			

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Jeff La 31. DATE FILED (MONI DEC 3

1992

Hospita

4 32, REGISTRAR'S SIGNATURE

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St

Paul

1. DECEDENT'S NAME (First, Middle, Last)		0=1111110711	E OF DEATH	REG. NO.	30.001
A	alc Anna G.	. ZAK		2. DATE OF DEATH 11-2 MONTH DAY	28-92 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220 -14 - 5834	1 □ M 2 💬 85	YRS. lest birthday) IF UND	ER I YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year) 8-20-1907	8. BIRTHPLACE (State or Foreign Country) Maryland
Se. FACILITY NAME (If not institution, give a Mercy Hospital	street and number)		TY, TOWN OR LOCATION OF I	DEATH 9c. C	na
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT		10c. CITY, TOWN			10d. INSIDE CITY LIMITS?
Maryland na		В	altimore 101. ZIP CODE	200	1 YES 2 NO
524 No.Charles S  11. MARITAL STATUS  1 \[ \text{Never Married} \] 2 \[ \text{Married} \]	Street #1516  12. WAS DECEDENT EVER IN U. FORCES? 1   YES 2 IF YES, GIVE WAR OR DATE:	. □NO	2 1 2 0  3. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxi- 1 YES 2 NO Spec	ANIC ORIGIN? (Specify Yes or No- can, Puerto Rican, etc.)	Black, White, etc.
3 Wildowed 4 Divorced		n. DECEDENT'S USUAL	Physics C.		Specify: White
(Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 5+)	(Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BUSINESS	Homemaker
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Maiden Surnam	
John Glover  19a, INFORMANT'S NAME (Type/Print)		English Service		ise Henning	
Jane Belzner				A Route Number, City or Town, State, ltimore, MD 2	
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem		ACE AND DATE OF DISPO y, cremetory or other place	OSITION (Name of		City or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	Ronald Was	de, Dir	NAME AND ADDRESS OF F	State Ana	atomy Board
1					
JMMEDIATE CAUSE (Finel	a. Peral Coll Co	e deeth. Do not ente line.	er the mode of dying, au	ch as cardiec or respiratory	arrest, Approximate interval Between
anock, or near tellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	List only one ceuse on each	e deeth. Do not ente line.	er the mode of dying, au	ch as cardiec or respiratory	arrest, Approximate interval Between
anock, or near reliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Penal Coll Co DUE TO (OR AS A CO	e deeth. Do not enterline.  I On Me to St.  NSEOUENCE OF):	er the mode of dying, au	ch as cardiec or respiratory	arrest, Approximate interval Between
snock, or near tellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Penal Coll Coll Coll Coll Coll Coll Coll Co	e deeth. Do not enterline.  I Complete Text of the second	er the mode of dying, au	ch as cardiec or respiratory	Approximate interval Betwee Onset and Deat Zyrs  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMMITTEE OF AUTOE COMMITTEE OF AUTOE COMMITTEE OF AUTOE COMMITTEE OF AUTOE COMMITTEE OF AUTOE OF AUTOE COMMITTEE OF AUTOE COMMITTEE OF AUTOE COMMITTEE OF AUTOE COMMITTEE OF AUTOE OF AUTOE COMMITTEE OF AUTOE COMMITTEE OF AUTOE COMMITTEE OF AUTOE OF AUTOE COMMITTEE OF AUTOE OF AUTOE COMMITTEE OF AUTOE OF AUTOE COMMITTEE OF AUTOE OF
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death)  PART II. Other algnificant condition  Pulmanay Supplies  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	B. DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO	e deeth. Do not enterline.  LO METERS  NSEQUENCE OF):  NSEQUENCE OF):  The resulting in the LOCATHER  OTHER	ar the mode of dying, au  cotto to bure,  underlying ceuse given in  26. PLACE OF DEATH (C	n Part I. 24a. WAS AN AUTOPPERFORMED?  1 YES 2 NO	Approximate interval Betwee Onset and Deal Z-y-S-SY 24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  PUMBLE CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  PUMBLE CAUSE REFERRED TO MEDICAL EXAMINER?  1 YES 2 100  27. MANNER OF DEATH  1 Agents 5 Pending	a. Percel Coll Co DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO d	e deeth. Do not enterline.  LO METERS  NSEQUENCE OF):  NSEQUENCE OF):  The resulting in the LOCATHER  OTHER	ar the mode of dying, au  cot 7 to bore,  anderlying ceuse given in  26. PLACE OF DEATH (C)  ER:  28c. INJURY AT  WORK?	n Part I. 24a. WAS AN AUTOPPERFORMED?  1 YES 2 NO	SY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  Pulmany august 1  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   Alo  27. MANNER OF DEATH	B. PLO CO CO DUE TO (OR AS A CO	e deeth. Do not enter line.  LOO NO TOUTH NSEOUENCE OF):  NSEOUENCE OF):  NSEOUENCE OF):  Out resulting in the Loutence of the	anderlying couse given in  26. PLACE OF DEATH (C)  ER:  28c. INJURY AT  WORK?  1   YES 2   NO	n Part I. 24a. WAS AN AUTOPPENFORMED?  1 YES 2 NO	Approximate interval Betwee Onset and Deal Zyrs  24b. WERE AUTOPSY FINOMOR AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  PART II. Other algnificant condition  PUT OF STATE OF STATE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   No  27. MANNER OF DEATH  1   Aletural   S   Pending Investigation   3   Suicide   8   Could not be determined  29e. CERTIFIER   Check only   CERTIFYING PHYSIC	BUE TO (OR AS A CO DUE TO (OR AS	e deeth. Do not enterline.  I (O) No feeth NSEOUENCE OF):  NSEOUENCE OF):  NSEOUENCE OF):  NSEOUENCE OF):  OTHER OF INJURY M  At home, farm, street, fee, death occurred at the	anderlying ceuse given in 26. PLACE OF DEATH (CER: Insing Home 5   Residence 26c. INJURY AT WORK?  1   YES 2   NO ctory, office	The Part I. 24a. WAS AN AUTOPPERFORMED?  1 YES 2 NO  Check only one)  8 Other (Specify)  281. LOCATION (Street and Num. City or Town, State)  1 to the cause(a) and manner as	Approximate interval Betwee Onset and Deal Zyrs  24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

Piace

Balt

	1 - FOR STATE REGISTRAR	OINIE OI MAII	YLAND / DEPAR CERTIFI	CATE OF		III LINE	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	AY Y	3. TIME OF DEATH
	JOHN RICHARD  4. SOCIAL SECURITY HUMBER		URROUGHS		1	11	22	199	
	215-46-9661	1 M 2 XXF	MONTHS DAYS HOURS MIN, (MONTH, DB), Tear)						BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY HAME (If not institution, give st	reet and number)	Hai 14, 1947 Marytand						
OR	ST MARYS HOSPITAL LEONARDTOWN ST. MARYS								MARYS
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCA				TION				10d. INSIDE CITY
E .	Maryland St. M								LIMITS?
MI	10e. STREET AND HUMBER			10	H. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	Rt. 1 Box 35-1A, (				20650				S.A.
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O		If yes, s	ECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— specify Cuben, Mexican, Puerto Rican, etc.)  ES 2 ∜ NO Specify:  Specify:				
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR O	H DATES -	1   YE	S 2 to NO Specif	ly:		1	Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade)	CATION completed)	16a. DECEDENT'S (Give kind of w	rork done during m	ON ost of working	16b.	KIND OF BU	SIHESS/INDUS	
37c	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us				-		
OME	17. FATHER'S NAME (First, Middle, Last)		1 Dump Tr	ruck Dri	18. MOTHER'S NA	AME (First A		cavat:	ing
BE C	John Richard	Burroughs,	Sr.		Bessie		Elizab	,	Russell
TO B	19a, INFORMANT'S NAME (Type/Print)			ADDRESS (Street	and Number or Rural				
F	Linda Ellen Burro	ıahs	Rt. 1	Box 35-	-1A, Ceda	ar Lai			nardtown, MD
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	oval from State	20b. PLACE AND DATE Of cometery, crematory or of	her place)		OATE			y or Town, Stata
- 5	4 Donation 6 Other (Specify)		St. John's		ND ADORESS OF FA	_/25/9	92 Ho	ollywoo	od, Maryland
	Muchael L.	Gard		Mattir	ngley-Gar	dine			ome, P.A.
	23. PART I. Enter the diseases, or co	- 1/-		P.O. F	Box 270.	Leon	ardtov	vn Mai	rvland 20650
	ahock, or heert failure. L IMMEDIATE CAUSE (Final	List only one cause of	n aach line.						
	disease or condition resulting in death)	Multip	Le enjust	es.					Interval Between Onset and Death
ERTIFICATION		DUE TO (OR A	AS A CONSEQUENCE OF	):					
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSEQUENCE OF	):	ng cause given in	Part I.	24e. WAS AN		
DICAL CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF	):	ig cause given in	Part I.	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF	):	ig cause given in	Part I.		RMED?	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions	DUE TO (OR A	AS A CONSEQUENCE OF	):	ig cause given in	Part I.	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PHIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR A  OUE TO (OR A  J.  B contributing to deat  HOSPITAL:    Inpettent 2   ERVC	AS A CONSEQUENCE OF  The but not resulting in  Dutpetient 200 DOA  THE BUTTON	26. P OTHER: 4   Nursing Hore URY   28c. H.	LACE OF DEATH (C/	heck only one  6 Other  26d. DES	PERFO 1 X YES :	PMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DUE TO (OR A  OUE TO (OR A  I.  B CONTributing to deat  HOSPITAL:  1   Inpetient 2   ER/C  28a. DATE OF INJUI (Month, Day, Yee  1 1 2 2 - 1  28a. PLACE OF INJUI	Dutpetient DOA THE PT 28b. TIME HUI 9 9 2 3 :0 URY — At home, farm, at the property of the pro	26. P OTHER: 4 □ Nursing Hore URY 0 A <sup>M</sup> 1 □	LACE OF DEATH (CF) ne 5  Residence JURY AT ORK? YES 2 NO	6 Other 28d. DES	PERFO 1 YES :	HJURY OCCU	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  TO/TREE IMPA
BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DUE TO (OR A  OUE TO (OR A  OUE TO (OR A  DUE TO (OR A  DUE TO (OR A  OU	Dutpetient DOA THE PT 28b. TIME HUI 9 9 2 3 :0 URY — At home, farm, at the property of the pro	26. P OTHER: 4   Nursing Hore FOF 28c. IH. URY WOOD AM 1   I   treet, lactory, office	LACE OF DEATH (CF) ne 5  Residence JURY AT ORK? YES 2 NO	heck only one  6 Other  28d. DES  DRI  281. LOCA Chy c	PERFO  1 YES:  (Specify)  CRIBE HOW  VER  ATION (Street or Town, State	HJURY OCCUI	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident   Could not be detarmined to the conditions of the could not be detarmined to the conditions of the could not be detarmined to the could not be d	DUE TO (OR A  OUE TO (OR A  OUE TO (OR A  I.  B contributing to deat  HOSPITAL:  1   Inpetient 2   ER/C    28e. DATE OF INJU   (Month, Day, Ve)   1 1 - 2 2 - 1    28e. PLACE OF INJ   building, etc. (3)	Dutpetient DOA  RY 19 9 2 3: 0 1  UNITY — At home, farm, at Specify)  ROADW.	26. P OTHER: 4   Nursing Hore E OF 28c. IN WINY O AM 1   O Treet, lactory, office A Y d at the time, date	LACE OF DEATH (C/) ne 5  Residence JURY AT JURY 2 NO ce	beck only one  6 Other  26d. DES  DRI  28I. LOCA  ST.	PERFO  (Specify)  (Specify)  CRIBE HOW  VER  ATIOH (Street or Town, State JOHN	HJURY OCCUMENT AU AND AND AND AND AND AND AND AND AND AND	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  TO/TREE IMPA  Rural Route Number, MD /ST.MARYS CC
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMIHER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident   Could not be detarmined to the conditions of the could not be detarmined to the conditions of the could not be detarmined to the could not be d	DUE TO (OR A  OUE TO (OR A  OUE TO (OR A  I.  B CONTributing to deat  HOSPITAL: 1   Inpetient 2   ER/C  RAN: To the best of my kr  CIAN: To the best of my kr  CONTRIBUTION  On the besia of examination	Dutpetient DOA  RY 28b. Tille HUI  9 9 2 3:00  UNITY — At home, farm, a' Specify  ROADW  nowledge, death occurre ation and/or investigation	26. P OTHER: 4   Nursing Hore E OF 28c. IN WINY O AM 1   O Treet, lactory, office A Y d at the time, date	LACE OF DEATH (Cr ne 5  Residence JURY AT 7HK? YES 2 NO ce a and place, and dudenth occured at the	beck only one  6 Other  28d. DES  DRI  28l. LOCK City of  ST  e to the cause billine, data	PERFO  (Specify)  (Specify)  CRIBE HOW  VER  ATIOH (Street or Town, State JOHN	HJURY OCCUR IN AU and Number or S RD.	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  TO/TREE IMPA Rural Route Number, MD /ST. MARYS CO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 3  Suicide 6  Could not be detarmined  29. CERTIFIER (Check only one) 2  MEDICAL EXAMINER  290. SIGNATURE AND TITLE OF CERTIFIER CONDUCTOR OF CENTIFIER DUE TO (OR A  OUE TO (OR A  OUE TO (OR A  I.  B CONTributing to deat  HOSPITAL:  1 Inpetient 2 ER/C  288. DATE OF INJUI (Month, Day, Vet  1 1 - 22 - 1  289. PLACE OF INJUI Duilding, etc. (:	Dutpetient DOA  RY 28b. Time HUI 9923:00  ROADW  ROADW  TOWNESS  ROADW  TOWNESS  ROADW  TOWNESS  ROADW  TOWNESS  ROADW	26. P  OTHER: 4   Nursing Hore OF 28c. IH. WO AM 1   I    treet, lactory, office A Y  d at the time, date n, in my opinion, office	LACE OF DEATH (C/	beck only one  6 Other  28d. DES  DRI  28l. LOCK City of  ST  e to the cause billine, data	PERFO  (Specify)  (Specify)  CRIBE HOW  VER  ATIOH (Street or Town, State JOHN	HJURY OCCUR  IN AU  and Number or  S RD.  There as stated and due to the company of the company	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED TO / TREE IMPA Rural Route Number, MD / ST . MARYS CO	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Netural 2 Nections 2 Nect	DUE TO (OR A  OUE TO (OR A  OUE TO (OR A  I.  B CONTributing to deat  B CONTRIBUTING TO HAVE  CHAN: To the best of my kn  COMPLETED CAUSE OF	Dutpetient 20 DOA  Dutpetient 20 DOA  Dutpetient 20 DOA  DUTY At home, farm, a specify)  ROADW  ROADW  DOADW  TO A	26. POTHER: 4   Nursing Hore E OF   28c. IH HRY   1   Treet, lactory, office A Y d et the time, date n, in my opinion, of	LACE OF DEATH (CF  ne 5  Realdence  JURY AT  ORK?  YES 2 NO  ne and place, and due death occurred at the  29c. LICENSE NU  O . C . M .	beck only one    Control	PERFO  (Specify)  (Specify)  CRIBE HOW  VER  ATION (Street  JOHN  se(a) and me  and place, as	IN AU and Number or S RD.  RD. DATE S 11	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 \( \text{IMP} \)  RED  TO / TREE IMPA  Rural Route Number, MD / ST . MARYS CO  cause(e) and menner as stated.  HIGNEO (Month, Day, Year)  - 23 - 1992
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 3  Suicide 6  Could not be detarmined  29. CERTIFIER (Check only one) 2  MEDICAL EXAMINER  290. SIGNATURE AND TITLE OF CERTIFIER CONDUCTOR OF CENTIFIER DUE TO (OR A  OUE TO (OR A  OUE TO (OR A  I.  B contributing to deat  B contributing to deat  Completed 2 = EPV  Completed 2 = EPV  Completed 2 = EPV  Completed 2 = EPV  Completed 2 = EPV  Completed 2 = EPV  Completed 2 = EPV  Completed 2 = EPV  Completed 2 = EPV  Completed 2 = EPV  Completed 3 = EPV  Completed 4 = EPV  Completed 4 = EPV  Completed 4 = EPV  Completed 4 = EPV  Completed 5 = EPV  Completed 5 = EPV  Completed 6 =	Dutpetient 20 DOA  Dutpetient 20 DOA  Dutpetient 20 DOA  DUTY At home, farm, a specify)  ROADW  ROADW  DOADW  TO A	26. P OTHER: 4   Nursing Hore E OF 28c. IN HWY O AM 1   treet, lactory, offic A Y d et the time, date n, in my opinion, office Print)	LACE OF DEATH (Cr ne 5  Residence JURY AT 7HK? YES 2 NO ce a and place, and dudenth occured at the	beck only one    Control	PERFO  (Specify)  (Specify)  CRIBE HOW  VER  ATION (Street  JOHN  se(a) and me  and place, as	IN AU and Number or S RD.  RD. DATE S 11	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 \( \text{IMP} \)  RED  TO / TREE IMPA  Rural Route Number, MD / ST . MARYS CO  cause(e) and menner as stated.  HIGNEO (Month, Day, Year)  - 23 - 1992	

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DIVISION OF VITAL	AL OR ATTENDING PHYSICIAN: The	L DIRECTOR: After this certifica   Inc.	2 hours after death with the State Tea
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The	ERAL DIRECTOR; After this certifical in	in 72 hours after death with the State Item
DIVISION OF VITAL	HOSPITAL OR ATTENDING PHYSICIAN: The	FUNERAL DIRECTOR; After this certifical inter-	within 72 hours after death with the State Inc.
DIVISION OF VITAL	THE HOSPITAL OR ATTENDING PHYSICIAN: The	THE FUNERAL DIRECTOR; After this certifical literal	filed within 72 hours after death with the State Inc.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Menume Incl. the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR; After this certifical line	be filled within 72 hours after death with the State Inc.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certifical the bound of the attending physician and completely filled in by the	be filed within 72 hours after death with the State fleet different mental Higher prior to burial, cremation, or remov
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR; After this certifical line	be filed within 72 hours after death with the State Inc.

	1. DECEDENT'S NAME (First, Middle, Last)	ODCEANN	DELIDEN	7		2. DATE OF DEATH	WY 1.000	YEAR 3. TIME OF C	
	MAMIE GE	ORGEANN 5. SEX 6. AGE	BEHRENS (In yrs. last birthday)	IF UNDER 1 YEAR		May 92	1993	1683	
		1 - MFEMALE		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		Country)	r Foreign
	218-09-1003  9a. FACILITY NAME (If not institution, give str		85 YRS.	9h CITY TOWN	OR LOCATION OF	08/23/07		MARYLAND TY OF DEATH	
۳	CARROLL COUNTY GE	MEDAI HOCD			INSTER	DEATH.			
5	RESIDENCE OF DECEDENT						CAR	ROLL	
DIRECTOR	4	ROLL		Y, TOWN OR LOCA ION BRID				10d. INSIDE ( LIMITE) 1 YES 2	5
ERAL	318 THOMAS ST.			10	zip cooe	791	10g. CITIZI	U.S.A.	77
BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed A Diverged	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR D	2 NO	II yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2  NO  Specify:  NO  WHITE				
E	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUPATE	ON	16b, KIND OF BU	SINESS/INDU		
19	Elementary/Secondary (0-12)	College (1-4 or 5+)	Itte. Do NOT us	e retired.)	ast of working				
COMPL	9		TEACHE	R			OOL		
8	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Maiden			
BE	HOWARD B. CRAWMER		405 11411 1140	1000000		MA JANE LAM			
TO BE		v				A Route Number, City or Tow			701
	CHRISTINE B. SELE		PLACE AND DATE	HOMAS ST		UNION BRIDG		MD 21	791
	1 Buriai 2 Cremation 3 Hemb	valt from State cer	PIPE CR	her place) F.F.K. C.E.M.F.	TERY			WINDSOR.	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE		lew	22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS UNION BRIDGE, MD					
	23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that couse is to only one cause on a	ach line.					Interva Onset	Imate Between and Death
				more	Ti au	and a second	con	9 30	100
z		DUE TO (OR AS	A CONSEQUENCE OF	7:	Tar		an	9 30	رکھ
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	<b>ገ</b> ፡ 	Tall		an	9 30	(کھر)
ERTIFICATION	If any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE OF	ን: ን:	· † ar		an	9 30	) <del>-</del>
2	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	η: η:					
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	η: η:			AUTOPSY IMED?	24b. WERE AUTOPS AWARLABLE PRI COMPLETION! OF DEATH? 1  YES 2	OR TO OF CAUSE
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions	DUE TO (OR AS A	A CONSEQUENCE OF	n the underlying	g couse given i	n Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPS AMAILABLE PRI COMPLETION I OF DEATH?	OR TO OF CAUSE
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A CONTributing to death to the second of t	A CONSEQUENCE OF	n the underlying  Cellu  Corners:	couse given i	n Part I. 24a, WAS AN PERFOR 1 TYES 2	AUTOPSY IMED?	24b. WERE AUTOPS AMAILABLE PRI COMPLETION I OF DEATH?	OR TO OF CAUSE
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF	n the underlying  Column 1	ace of Death (Co. 5   Residence	n Part I. 24a. WAS AN PERFOR 1 YES 2 Check only one) 6  Other (Specify)	AUTOPSY IMED?	24b. WERE AUTOPS AWAILABLE PRI COMPLETION I OF DEATH? 1 YES 2	OR TO OF CAUSE
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF	7: n the underlying Color Picture 26. Pi OTHER: 4   Nursing Home UNY WC	ace of Death (Co. 5   Residence	n Part I. 24a, WAS AN PERFOR 1 U YES 2	AUTOPSY IMED?	24b. WERE AUTOPS AWAILABLE PRI COMPLETION I OF DEATH? 1 YES 2	OR TO OF CAUSE
TED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATN	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF DUIT NOT resulting is Selected 3 DOA 28b. TIMI	7: n the underlying 26. Pl OTHER: 4   Nursing Hom WC M   1   V	ace of Death (Co. S. Residence URY AT RK?	n Part I. 24a. WAS AN PERFOR 1 YES 2 Check only one) 6  Other (Specify)	AUTOPSY IMED?	24b. WERE AUTOPS AWARABLE PRI COMPLETION IS OF DEATH? 1 YES 2	OR TO OF CAUSE
PLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (Month, Day, Year)  26a. PLACE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF A CONS	7):  In the underlying  26. Pi  OTHER: 4   Nursing Hom  B OF 28c. INU  URY M 1   V  Arreet, factory, office  d at the time, data	ace of Death (C	Deck only one)  24a. WAS AN PERFORM  1 YES 2  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)	AUTOPSY IMED?  I NO  NJURY OCCU and Number of	24b. WERE AUTOPS AMRLABLE PRI COMPLETION I OF DEATH?  1 YES 2 (	OR TO
PLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only orie)  2 MEDICAL EXAMINER.	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (Morth, Dey, Year)  26a. PLACE OF INJURY (Morth, Dey, Year)	A CONSEQUENCE OF A CONS	7):  In the underlying  26. Pi  OTHER: 4   Nursing Hom  B OF 28c. INU  URY M 1   V  Arreet, factory, office  d at the time, data	ACE OF DEATN (Ce 5 Residence URY AT RK?  and place, and deesth occured at the	Theck only one)  24e. WAS AN PERFORM 1 YES 2  Check only one)  26 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  1a to the cause(s) and merical time, date and place, and	AUTOPSY IMED?  IND  NJURY OCCU  and Number of	24b. WERE AUTOPS AWAR ABLE PRI COMPLETION (OF DEATH?  1 YES 2  RED  RED  Rural Route Number,	OR TO F CAUSE  NO  NO  a stated.
TED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  29 Accident Investigation  3 Suicide 6 Could not be detarmined	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (Month, Day, Year)  26a. PLACE OF INJURY (Month, Day, Year)  26a. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF A CONS	7):  In the underlying  26. Pi  OTHER: 4   Nursing Hom  B OF 28c. INU  URY M 1   V  Arreet, factory, office  d at the time, data	ace of Death (C	Theck only one)  24e. WAS AN PERFORM 1 YES 2  Check only one)  26 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street City or Town, State)  1a to the cause(s) and merical time, date and place, and	AUTOPSY IMED?  IND  NJURY OCCU  and Number of	24b. WERE AUTOPS AMRLABLE PRI COMPLETION I OF DEATH?  1 YES 2 (	OR TO F CAUSE  NO  NO  a stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CH (TACHTEDU MACA NNA 700.A

31. DATE FILED (MONTH, Describer)

32. REGISTRAR'S SIGNATURE

Julia Davidson-Adridable

Julia Devideon-Handelle

West owners

HYSICIAN: The second man the death certificate be executed within a substance of the continued by the hospital or attending physician.	is certificate in the mental in the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State of the Mental Hyglene prior to burial, cremation, or removal.	I examiner must be notified at once.	
A man me the death certificate be executed within 2. Sours after	be a transfer to the attending physician and completely filled in by the tentral transfer by the transfer of removal.	ed, or Item 27 sections injury, or other traumatic event, the medical examiner must be notified at once.	
INSICIAN: The	is certificate ful	ed, or Item 1	

					9	2	33840				
	1 - STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF I		MENTAL HYGIEN REG. NO	E		00040				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH				
	MORRIS ELMORE BLACKWELL			NOVEMBER 15	1992		2;05 P M				
-1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHP Country)	PLACE (State or Foreign				
	213-16-2222 1X M 2 D F 77 YRS.			MARCH 25,	1915	MA	RYLAND				
_ ]	9a. FACILITY NAME (If not Institution, give street and number)	9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUN	ITY OF DE	ATH				
0	OLD ROUTE 249, P.O. BOX 21	PINEY	POINT		ST.	MAR	Y'S				
DIRECTOR		TY, TOWH OR LOCA	TION			T	10d. INSIDE CITY				
ä	MARYLAND ST. MARY'S P	INEY POI	NT				LIMITS?				
AL	10e. STREET AND NUMBER	10	f. ZIP CODE		10g. CITI	ZEN OF WI	HAT COUNTRY?				
FUNERAL	P.O. BOX 21 20674 UNITED STATES										
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  FORCES? 1 FF VES 2 NO			HC ORIGIN? (Specify Yen, Puarto Rican, etc.)	s or No—	14. RACE Black	- American Indian, White, etc.				
BY	3 ☐ Wildowed 4 ☐ Divorced IF YES, GIVE WIRT OR DATES 1 ☐ YES 2 1 NO Specify: Specify:										
N N	I WW II	USUAL OCCUPATI	011		<u> </u>	BLA	ACK				
	(Specify only highest grade completed) (Give kind of	work done during m		16b. KIND OF BU	SINESS/IND	USIMY					
7		L SERVIC	F		CON	או אכן כון	DATE				
TO BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)	LI SERVIC		ME (First, Middle, Maiden		ERNM	ENT				
	SAINT ELMORE BLACKWELL		MARY I	ELLEN WILS	ON						
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING	G ADDRESS (Street		Route Number, City or Tox		Code)					
F	GRACE CECELIA BLACKWELL P.O. H	BOX 21 P	INEY POI	VT, MARYLA	ND 2	0674					
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Removal from State other place)	SITION (Name of ce	metery, crematory or	20c. LC	CATION -	City or Tow	vn, Slata				
	4 Donation 5 Other (Specify) ST. GEORG	E CATHOL	IC CEMET	ERY 11/19	VALLE	Y LE	E. MD				
	21. SIGNATURE OF PUBLISHED LINES EEE	22, NAME A	ND ADDRESS OF FA	CILITY BRINSF	IELD	FUNE	RAL HOME				
	EDWARD N. BRINSFIELD, JR. M00052	2		LEONAR			N STREET RYLAND 2065				
	23. PART I. Enter the diseases, or complications that caused the death. Do		oda of dying, suc				Approximata				
	ahock, or haert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final			2			Interval Batween Onset and Death				
	disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
Ĕ	If any, leading to immediate cause. Enter UNDERLYING										
	CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEDUENCE OF):										
ERTIFICATION	reaulting in death) LAST  d. Descone										
AL	PART II. Other algorificant conditions contributing to death but not resulting	in the underlying	g ceuse given in	Part I. 24s. WAS AI		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO				
PHYSICIAN: MEDICAL	SIP CYSTOCKOMY COLIN LICE YES 2 KNO COMPLETION OF CAUSE OF DEATH?										
M	1 VES 2 NO										
ż	cenami.										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
KSI	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?										
B	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO										
	3 Suicide 6 Could not be 4 Homicide determined	street, factory, ont	00	281. LOCATION (Street City or Town, State	and Number )	or Rural Ro	oute Number,				
	29a. CERTIFIER						<u>:</u>				
COMPLET	(Check only CERTIFTING PHYSICIAN: 10 The best of my knowledge, death occur										
00	one) 2 MEDICAL EXAMINER: On the besis of manufacture and/or investigati	lon, in my opinion,			nd due to th	re cause(a)	and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE THATH (ITEM 27) (Typ.	- 0.4-4	Da36	204		1-1	6-12.				
	ADINATH A. PATIL, M.D. SHANTI MEDIC.  31. DATE FILED (Morath, Day, Vear)  32. REGISTRAR'S SIGNATURE DOS	AL CENTE	R. LEONA	RDTOWN, MD	206	50					
	NOV 18 '92 Sin Davidson-Manuall										
	110,0										

BALTIMORE, MARYLAND 21215-0020

	E	14	THE HOSPITAL OR ATTENDING PHYSICIAN: The minimum death cadificate he executed withto	TAI	ac	ATTE	NON	0	MA	CIA	2	4		4	C	1	des	4	a death certificate be executed within	afta h	9	an ma	3	1
1	2 1	1	3	1	5			2	)					L			3			900	3		2	1
)	2	ť	FUNE	\$	불	5	E AT	191	MIS C	Serial.	Cate	ž	ġ.	e e	Dec.	è	P.	Tend	ng bu	SICI	an a	2	DE C	etel
	8	pell	be filed within 72 hours after death with the State Death of Terman and Mygiene prior to burial, crema	2	hours	afte	r de	ath	with	the	State	a	활	Ĕ	Ð	2	emt:	a H	giene	prior	9	buria	L C	еша
	Ξ	POR	IMPORTANT: If Item 28 is marked, or item 23 shows any latery, or other traumatic event.	=	Tem	28	-	mar	red.	10	Hen	2	4	DWD	-	v in	Ž.	0	other	tra tra	E	offe	eve	T.

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF C			F DEATH 3. TIME OF DEA		3. TIME OF DEATH
	JESSIE	June		E	UHRMAN		November 2	November 21, 199		11:40 A
	4. SOCIAL SECURITY NUMBER 214-05-5431	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 14,1		8. BIRTH	PLACE (State or Foreign
10R	Memorial Hospital  RESIDENCE OF DECEDENT		al Cente	r	96. CITY, TOWN Cumbe	on Location of Di rland		9c. CO	UNTY OF DE	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
		legany			mberland	l l				1 YES 2 NO
IERAI	104. STREET AND NUMBER       107. ZIP CODE       109. CITIZEN OF W         215 Emily St.       21502								J.S.A.	
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	T EVER IN U.S. API YES 2 N WAR OR DATES	MED IO	If yes, s		NIC ORIGIN? (Specify Yei in, Puerto Rican, etc.) y:	s or No—	14. RACE Black Specif	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(GA	ve kind of	USUAL OCCUPATI work done during m se retired.)	ost of working	16b, KIND OF BU		OUSTRY	
× ×							wife			
BE CO	17. FATHER'S NAME (First, Middle, Last) Argyle	e T.	Flak	e		Nelli	e Albe		Bowc	len
TO B	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Street	and Number or Rural	Floure Number, City or Tow	rn, State, Z	(ip Code)	
F	Elizabeth I. Flake	e		Rt.#	3 Box 11	.6 Cum	berland, M	Id. 2	1502	
	20s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remark 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cernetery, crer Pleas:	metory or can t	of disposition (N lither place) Grove Ce	emetery 1	DATE 20c. LO 1/24/92 Cu	mber	land,	vn, Stata Md •
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A Merri	nd adoress of fa tt-Adams	Funeral H	lome		
	23. PART I. Enter the diseases, or o	udas	m				t. Cumberl			21502
	shock, or heart fellure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	List only one cau	ise on sach line.	•		out of dying, suc	ir as cardiac or resp	iratory s		Approximats Interval Between Onset and Death Cay)
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	2.	(OR AS A CONSEQ							
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  Overang Autorest 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO									AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL FYAMINER? 26. PLACE OF DEATH (Check only one)									
	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Impatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
ву РНУ	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Netural 5 Pending Investigation Investigation Investigation									
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or lown, State)								oute Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINED						to the cause(a) end mar time, data and place, an			and manner as stated.
88	296. SIGNATURE AND TITLE OF CENTIFIER	/	Hopers	lue		D33280	ABER	29d. DA	/ 24	Mongr. Day. Year)
2	Dr. Sunil Gupta	Johnson 1	Heights	Medi	cal Buil	Lding Cum	berland, N	<b>Ф.</b>	2150	2
	31. DATE FILED (Month, Day, 16ar) NOV 2 3 1992	32. REGISTRA	R'S SIGNATURE							
	O TOOL		War and Aller	pirties.						

DIVISION OF VITAL RECONDENSITY THE PROPERTY TO THE FUNEFAL DIRECTOR: After this certicant has be filed within 72 hours after death with the Star Dipt. One within 72 hours after death with the Star Dipt.	RECORD	-	Contraction of	Onesigned to the	shows any inj
DIVISION OF TO THE HOSPITAL DR ATTENDING PHYSIN THE FUNERAL DIRECTOR: After this of the within 72 hours after death with 1 MPORTANT: If Item 28 is marked,	VITAL,	CIAN: The In-	ertificate has 8	he State Dept.	or Ilam 23
DIVIS THE HOSPITAL DR ATTE TO THE FUNERAL DIRECTOR Se filed within 72 hours afte	ION OF	NDING PHYSIC	R: After this co	or death with 1	Is marked,
THE HOSPI TO THE FUNER OF filed within	DIVIS	TAL DR ATTE	AL DIRECTO	72 hours after	If Item 28
- P- J-1 0000		TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT:

The present certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	The stending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar		
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9	the	In Mental Hygiene prior to burial, cremation, or removal.	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	15	2 33843
	1. DECEDENT'S NAME (First, Middle, Lest)	FRANCIS JOSE	PH CAPPLLA	11	2. DATE OF DEATH	AY - Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		Cay	pella	11-23	7-92	2.15 p m
	198-05-3993	1½ M 2 □ F 7	3 YRS. MON	27/ 12- 12-12- 13	7. DATE OF BIRTH (Month, Day, Year) APRIL 28, 1		BIRTHPLACE (State or Foreign Country) ESTER, PA.
DIRECTOR	St. May 5 RESIDENCE OF DECEDENT	Hospital	90.	CITY, TOWN OR LOCATION OF I	1 .	90. COUNTY	Mary 5
EC	10e. STATE 10b. COUNT	ry	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
	MARYLAND ST.	MARY'S	PINEY	POINT			1 VES 2 NO
FUNERAL	P.O. BOX 75			101. ZIP CODE 20674			ED STATES
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D. WW ] [	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: WHITE
ETED	15. DECEDENT'S EDI (Specify only highest gred	JCATION le completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BU	SINESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	red.)			
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		BUTCHER			SERVIC	E
	FRANCIS CAPELLA				AME (First, Middle, Melden RINE MURTA		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rura			do)
2	EDWARD GILDERSLE	EVE		X 75, PINEY P			20674
	20a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE OF DIS select, cremetory or other of A. ARER S H	dome a l			er Town, State E, MARYLAND
	21. SOCHATHETE JUNETIAL SERVICE L	W K	1	22. NAME AND ADDRESS OF F	ACILITY		
13	EDWARD N.	BRINSFIELD, J	R. MOOO52	BRINSFIELD 59 N. WASHING	TON ST., L	EONARD'	TOWN, MD 20650
		complications that caused List only one cause on a	f the death. Do not e ech line.	nter the mode of dying, su	ch as cardiec or resp	iratory arrest	Approximate Interval Between
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	· Instalas	e Carch	roma ] (	Panhea	\$	Onset and Daeth
Z		DUE TO (OR AS A	CONSEQUENCE OF):	0	1		
ATIC	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
SE		d					
A.	PART II. Other significent condition	ns contributing to deeth b	ut not resulting in th	e underlying cause given is	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					1 YES :	X40	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1					
SICI	EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C			
Ä	27, MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence	28d. DESCRIBE HOW	NJURY OCCUR	ED
8Y P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO	AL SN HA		
ETED 8	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Speci	At home, farm, street	, factory, office	281. LOCATION (Street City or Town, State)		Bural Route Number,
PLE	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	ledge, death occurred at	the time, date end piece, and du	e to the cause(s) and ma	oner es stated.	
COMPL				my opinion, death occured at th			Puse(s) end menner es stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	iR /		29c. LICENSE NU	IMBER	29d. DATE SI	GNED (Month, Day, Year)
BE	3.4	11000		D 10 91	72	D 11	124/91
	Joungil	MI on. Lu	(10)	14 17 71	/ ( )		1-4/1/
9	30. NAME AND ADDRESS OF RERSON WI	moon	m.D	)	7.0		1-41
		HO COMPLETED CAUSE OF DE	m.D	, 1831/	70		

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physicia	led in by the funeral director, page 5 should be detached for use as the burial-tr
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: TV The recommend the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	. DIRECTOR: After this certificate has presented by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-tr

TO THE HOSPITAL OR ATTENDING PHYSICIAN: TI

	1 - STATE REGISTRAR			CERTIFI	CATE OF	DEATH		REG. NO		
Į.	1. DECEDENT'S NAME (First, Middle, Last)	CARL	LESLI			D SR.	2. DATE	e of DEATH ember	-	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 232-26-1044	1 📉 M 2 🗆 F	8. AGE (In yrs. 84		SF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jun	e 27,1	908	BIRTHPLACE (State or For Maryland
TOR	Den FACILITY NAME (If not institution, give the Memorial Hosp.  RESIDENCE OF DECEDENT			or Location of D 1berland	REATH			r of DEATH Legany		
DIRECTOR	10a. STATE 10b. COUNT	mpshire		1000	TOWN OR LOCA Highvie					10d. INSIDE CITY LIMITS? 1 YES 2
FUNERAL	Rt. 1, Box	538			11	01. ZIP CODE 26808			U.S	N OF WHAT COUNTRY?
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 ( IF YES, GIVE WA WO'LD WAT	EVER IN U.S.	ARMED NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 XNO Speci	en, Puerto	N? (Specify Yes Rican, etc.)	s or No 14	RACE — American India Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) N/A	JCATION e completed) College (1-4 or 5 +)		(Give kind of will the Do NOT use	JSUAL OCCUPAT ork done during in retired.)	ost of working		Home B		
BE CON	17. FATHER'S NAME (First, Middle, Last)  Iley K.	Conrad				18. MOTHER'S NA		Middle, Maiden Hiett	Surname)	
TO B	June C. Cunning	ham		19b. MAILING 475		end Number or Rural				
i	20a. METHOD OF DISPOSITION  1 X Burisil 2 Cremetion 3 Removal from State  4 Donation 6 Other (Specify)					y 1	1/17	792 R	omney,	y or Town, State
1	21. SIGNATURE OF FUNERAL SERVICE LI									
	23. PART I. Enjer the diseases, or shock, or heert fellure.	complications that	caused the	death. Do no	230	ffer Fun East Ma	in S	t., Roi	mney.	t, Approxima
RTIFICATION	23. PART I. Enjer the diseases, or	complications that List only one ceus a. DUE TO (	e on each ii	SCULO SEQUENCE DE	230 ot enter the m	East Ma	in Si	t., Roi	mney.	it, Approxima
N: MEDICAL CERTIFICATION	23. PART I. Enjer the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that List only one ceus a.  DUE TO (  b.  OUE TO (  d.	OR AS A CONS	SEQUENCE OF	230 ot enter the m	East Ma	in Si	t., Roi	MINEY, Iratory arrea	Approxima interval Be Onset and
O	23. PART I. Enjer the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	complications that List only one cous a. DUE TO (c) b. OUE TO (c) d. DUE TO (c) HOSPITAL:	OR AS A CONS	SEQUENCE OF	2300 ot enter the m	Cast Ma  Ode of dying, suc  Calculation  The cause given in	in Sign Sph as cern	24a. WAS AN PERFOR	MINEY, Iratory arrea	24b. WERE AUTOPSY FIN AMALABLE PRIOR TO OF DEATH?
PHYSICIAN: MEDICAL C	23. PART I. Enjer the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DD  27. MANNER OF DEATH  1 Netural 5 Pending	complications that List ophy one ceus a. DUE TO (c) b. OUE TO (c) d. DUE TO (c)	OR AS A CONS OR AS A CONS OR AS A CONS Death but no	SEQUENCE OF	230 ot enter the m  A  C  T  T  T  T  T  T  T  T  T  T  T  T	East Ma ode of dying, suc cuclons	in Sich se cern	24a. WAS AN PERFOR	AUTOPSY RMED?	24b. WERE AUTOPSY FINANILABLE PRIOR TO COMPLETION OF CO OF DEATH?
ED BY PHYSICIAN: MEDICAL C	23. PART I. Enjer the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DD  27. MANNER.OF DEATH  1 Netural 5 Pending	Complications that List only one cous a.  DUE TO (() b.  DUE TO (() d.  The contributing to cous a.  DUE TO (() DUE TO ((	OR AS A CONS OR AS A CONS OR AS A CONS ER/Outpatient NJURY , Year)	SEQUENCE OF	230 ot enter the m  A  C  T  T  T  T  T  T  T  T  T  T  T  T	DEAST Ma  ode of dying, suc  scaleny  rig cause given in  PLACE OF DEATH (C)  THE 5 Residence  JURY AT  ORK?  YES 2 NO	in Sign Sph se certification of Part I.	24a. WAS AN PERFOR	I AUTOPSY RMED?	24b. WERE AUTOPSY FINANILABLE PRIOR TO COMPLETION OF CO OF DEATH?
ETED BY PHYSICIAN: MEDICAL C	23. PART I. Enjer the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   FD  27. MANNEBLOF DEATH  1   Watural 5   Pending investigation   Suicide 6   Could not be determined   Check only   CERTIFYING PHYS	Complications that List only one cous a. DUE TO (  b. OUE TO (  c. DUE TO (  d	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS Death but no ER/Outpatient NJURY , 'ber' INJURY — At the (Specify) my knowledge,	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF The resulting in	2300 ot enter the m	DEAST Ma ode of dying, suc scalence scalence DEACE OF DEATH (C) THE ST Residence JORK? YES 2 NO ce	in Sign Sphare certification of Denti I.  Part I.  6  Other  286. Det	24a. WAS AN PERFOR 1 VES 2  CATION (Street or Town, State)	I AUTOPSY RMED?	24b. WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION OF CO OF DEATH?  1 YES 2 N
BE COMPLETED BY PHYSICIAN: MEDICAL C	23. PART I. Enjer the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   FD  27. MANNEBLOF DEATH  1   Watural 5   Pending investigation   Suicide 6   Could not be determined   Check only   CERTIFYING PHYS	complications that List ophy one ceus a. DUE TO ( b. OUE TO ( c. DUE TO ( d	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS Death but no ER/Outpatient NJURY , 'ber' INJURY — At the (Specify) my knowledge,	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF The resulting in	2300 ot enter the m	DEAST Ma ode of dying, suc scale Ma scale Ma ode of dying, suc scale Ma ode of Death (Cr ode of Death	in Sich se cert  Part I.  Part I.  Check only on  G Other  28d, DE  28f, LOC  City  e to the case time, date	24a. WAS AN PERFOR 1 VES 2  CATION (Street or Town, State)	AUTOPSY RMED?  INJURY OCCUI and Number or	24b. WERE AUTOPSY FINANAL ABLE PRIOR TO COMPLETION OF CO OF DEATH?  1 YES 2 N
TO BE COMPLETED BY PHYSICIAN: MEDICAL C	23. PART I. Enjer the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Ves 2 Deb  27. MANNEBLOF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	Complications that List opply one cous a. DUE TO ( b. OUE TO ( c. DUE TO ( d	OR AS A CONS  OR AS A CONS  OR AS A CONS  OR AS A CONS  Death but no  ER/Outpatient  NJURY  (Noer)  INJURY — At the (Specify)  The knowledge, amination end/or  EDF DEATH (IT)  Seton 1	SEQUENCE OF SEQUEN	2300 ot enter the man and a contract the man and a contract the man and a contract the man and a contract the man and a contract the co	DEAST Ma ode of dying, suc scale Ma scale Ma ode of dying, suc scale Ma ode of Death (Cr ode of Death	in Sich se cer  Part I.  Part I.  Chy  Set Loc  Chy  In the case time, date	24a. WAS AN PERFORM 1 YES 2  CATION (Street or Town, State)	AUTOPSY RMED?  INJURY OCCUI and Number or	24b. WERE AUTOPSY FINAMALABLE PRIOR TO OF DEATH?  1 YES 2 N

by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Merial Hygiene prior to burial, cremation, or removal. 4 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

	N	-	-2	5
0,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The December that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After the certificate the signed by the attending physician and completely f	remai	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, th
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28	50	o pu	Suna	tic
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR.	98	hour	Te Te
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	2	2	8	Ξ

											92	33845
	1 - FOR STATE REGISTRAR	STATE OF W		DEPAR					MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF DEATH		3.	TIME OF DEATH
	BERYL VIRGINIA CRO	FT							MONTH D		992	5:25 AM
	4. SOCIAL SECURITY NUMBER 5.	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR						24 HRS.	7. DATE OF BIRTH		. BIRTHPLA	ICE (State or Foreign
	217 10 4188	☐ M 2 💢 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Morath, Day, Year) 01/17/0	7	MAR'	YLAND
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOW						R LOCATI	ON OF DE			Y OF DEAT	
CTOR	SACRED HEART HOSPITAL						ERLA	ND		ALL	EGANY	7
5	RESIDENCE OF DECEDENT											
DIRE	PA BED	EODD		20.0		OR LOCAT	TON					d. INSIDE CITY _LIMITS?
		FORD		H.	YNDN						11	YES 2 NO
FUNERAL	100. STREET AND NUMBER  4TH AVENUE, P	O BOX	353				5545				EN OF WHA	T COUNTRY?
빌			EVER IN U.S. AR	MAFF	1 40							
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO IMED	13.	If yes, spi	ecify Cuba	n, Mexican	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 1	14. RACE — Black, W	American Indian, hite, etc.
B	3 📉 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 <b>X</b> XNO	Specify.		- 1	Specify:	WHITE
	15. DECEDENT'S EDUCATI		16a, DE	CEDENT'S	USUAL C	CCUPATIO	ON .		18b. KIND OF BUS	SINESS/INDU	STRV	
<u> </u>	(Specify only highest grade con	npleted) College (1-4 or 5 +	Min	ive kind of a Do NOT us	work done se retired.)	during mo	st of working	ng .				
1 4	8			HOM	EMAK	ER			1			
OMPLETED	17. FATHER'S NAME (First, Middle, Last)								RE (First, Middle, Meiden			
E E	JAMES WILLIAM	HARDEN			_		CAF	RRIE	MATILDA	REPH	IANN	
TO BE COM	19a. INFORMANT'S NAME (Type/Print)	DC.	190				t and Number or Rural Route Number, City or Town, State, Zip Code)					
2 2	PAULINE E. SID	ES		Р (	) BC	Хб	66,	HYN	DMAN, PA	155	545	
휥	26a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal	I from State	20b. PLACE A				me of		DATE 20c. LO	CATION — CI	ty or Town,	State
Ē	4 Donation 5 Other (Specify)		HYN	DMAN	1 CE	MET				YNDM	AN, I	PA 15545
틭	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE						SS OF FAC	EIGLER F	ITMED	AT U	ME
other traumatic event, the medical examiner must	Harry W. Pell	ilac							15545-		ZD III	JAE
dica	23. PART I. Enter the diseases, or com	plications that	caused the de	ath. Do r	not enter	the mo	de of dyi	ng, such	as cardiac or respi	ratory arre	st,	Approximate
Ē	shock, de heart fellure. Classification immediate cause (Final	t only one caus	se on each line	).								Interval Between Onset and Death
5	disease or condition resulting in death)	SU	BARAC	HN	011	U	5 MI	001	106-5			7 500
Vent	resulting in death)	DUE TO	OR AS A CONSE	QUENCE O	F):	7.0		7.7.1	7,000			2 44 ()
2 Z	C.											
FTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEC	DUENCE O	F):							
E 2	CAUSE (Disease or Injury											
	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEC	DUENCE OF	F):							
P	d											
any Injury.	PART II. Other significant conditions c	ontributing to	death but not r	esulting	In the u	nderlying	ceuse c	lven in i	Part I. 24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
MEDICAL									PERFOR		AM	MILABLE PRIOR TO MPLETION OF CAUSE
									1	Zuo		DEATH?
									-		1 10	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	FATH (Che	ck only one)		1	
PHYSICIAN:	EXAMINER?	OSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:			B ☐ Other (Specify)			
를 수	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ			20d. DESCRIBE HOW I	NJURY OCCU	IRED	
marked, BY PH	1 Netural 5 Pending	(Month, Da	y, Year)	INJ	URY M	1 📙 1	RK? 'ES 2	NO	Control formation (Sec.			
E 0	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At ho	me, farm, s	street, fac	tory, office	,		28f. LOCATION (Street a	and Number of	r Rural Route	Number,
四 四	4 Homicide determined	bullding, e	Mc. (Specify)						City or Town, State)		14 5 17 7	
Item 2	29a. CERTIFIER Check only	N: To the best of a	my knowledge, de	eth occurr	d at the	ime, date	and place	and the f	to the councies and	One on what		
IMPORTANT: If Item O BE COMPLE	(Check only one) 2 MEDICAL EXAMINER: 0											d manner as stated
NE S	29b. SIGNATURE AND TITLE OF CERTIFIER	1.1						NSE NUM				
AP B	m. 211:1	m						Y J	11.11.1	ZNG. DATE:	1. /.	with, Day, Year)
≥ 2	30. NAME AND ADDRESS OF PERSON WAS CO	OHOU EVED OALIO					V	, , 0	14	- 11	11)/4	

D34812 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NALLIN PO BOX 706 HYNDMAN, PA. 15545

31. DATE FILED (NOTO PO. 1)

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the benial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	).				
Ţ,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH			
- 1	ARTHUR E	LDRIDGE	COWAN			November		92 5:29 p M			
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign			
	225-62-1774	1 2 M 2 D F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)			
7	9a. FACILITY NAME (If not institution, give str	^	10	- CITY TOWN	OR LOCATION OF DE	Aug. 29,	1946	Virginia			
œ		,		u. GIT, IOWN	OH LOCATION OF DE	AIN					
2	Doctors Community Hospital Lanham Prince George's										
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION		_	10d. INSIDE CITY			
ā	Maryland Prince	George's	Unne	r Marl	boro			LIMITS?			
DIFFECTOR	10e, STREET AND NUMBER		Оррс		1. ZIP CODE		Tan orman	N OF WHAT COUNTRY?			
	13022 Peyton Drive			"	20870		-	nerica			
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EV									
	1 Never Married 2 XXMarried	FORCES? 1	YES 2 NO			IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No- 14	RACE — American Indian, Black, White, etc.			
`ຄ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES''	1 TYE	Specify	r.	- 1	Specify: Black			
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	I OCCUPATI	<b></b>						
#	(Specify only highest grade of	completed)	(Give kind of wor	k done during m		16b. KIND OF BU	ISINESS/INDUS	TRY			
ا ټ	Elementary/Secondary (0-12)	College (1-4 or 5+)				Disasses		1 0			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	7	Salesper	SOII				1 Company			
	Richard Lee Cowan,	Cn				ME (First, Middle, Maider een Presto					
H		31.	-								
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov					
	Mrs. Mary F. Cowan		13022 1	eyton	Drive, U	pper Marlb	oro,	1D 20870			
- 1	20a. METHOD OF DISPOSITION 1   Burial 2   Cremation 3   Remo	wal from State	20b. PLACE AND DATE OF cametery, crematory or other	DISPOSITION (N	ame of	OATE 20c. LC	DCATION — CIT	y or Town, State			
	4 Donation 5 Other (Specify)	4	Forest Hill	s Memo	ry Garde	<u>n11/30 Abi</u>	ngdon,	Virginia			
	21. SIGNATURE OF PURERAL NEWYOR LICE	EHSSE		22. NAME A	ND ADDRESS OF FA	Bristol	. VA	24201 pencer St.			
	2910,1200	erison	mother.	Robin	son Mort	uary, Inc.	'333 S	pencer St.			
$\neg$	23. PART I. Enter the diseases, or co	omplications that ca	used the death. Do not	enter the me	ode of dving, suci	h as cardiac or read	iratory arres	t, Approximate			
	shock, or heart failure. L	lat only one cause	on each line.					Interval Between			
- 1	iMMEDIATE CAUSE (Final disease or condition	Ma	inve i	hai	^A 01-	O Llos	-0	Onset and Death			
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF:	1101	- CANT	7	9	HA			
_	_	M	AS A CONSEQUENCE OF):	1-	h. i o	10 000		18-5			
<u>é</u>	Sequentially list conditions,	DUE TO (OR	AS A CONSEQUENCE OF):		Spen	rugion		/42			
CATION	if any, leading to immediate cause. Enter UNDERLYING	•						j			
	CAUSE (Disease or injury that initiated events	DUE TO (DR	AS A CONSEQUENCE OF):								
RTIF	resulting in death) LAST										
5											
S S	PART II. Other algnificant conditions	contributing to dea	th but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
8	Hypokalem	15 /10	pergy c	and	<i></i>	1 YES :		COMPLETION OF CAUSE OF DEATN?			
M	Renal	Joulne						1 TES 2 NO			
		U									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Chi	ock only one)					
200	1 YES 2 NO	HOSPITAL:		THER:	ne 5 🗆 Residence	8 Other (Specify)					
Ē	27. MANNER OF GEATH	28a. DATE OF INJ	JRY 28b. TIME (	F 28c. IN.	JURY AT	28d. OEŞCRIBE HOW	INJURY OCCUP	RED			
	1 Netural 5 Pending	(Month, Day, Y	ear) INJUF		ORK? YES 2 NO						
BÁ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At home, farm, etre	et, factory, offic	•	281. LOCATION (Street	and Number or	Rural Route Number			
<u> </u>	4 Homicide determined	building, etc.	(Specify)			City or Town, State	)	,			
4	29a. CERTIFIER	NAME TO ALL STATE		-a ab at d-a	end place, and due	to the cause(s) and ma	nner es stated.				
MPLE	(Check only CEHTIFYING PNYSIC										
COMPLE	(Check only 2 CENTIFYING PRYSIC one) 2 MEDICAL EXAMINER					time, date and place, as		ause(s) and manner es stated.			
SE COMPLETED	(Check only CEHTIFYING PNYSIC						nd due to the c				
H H	(Check only 2 GERTHYING PAYSIC ONe)  2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE DF CERTIFIER  PLICAN	n S &	nation and/or investigation,	in my opinion, o	leath occured at the		nd due to the c	ause(s) and menner es stated.			
	(Check only 2 CENTIFYING PRYSIC one) 2 MEDICAL EXAMINER	COMPLETED CAUSE O	nation and/or investigation,	In my opinion, o	29c. LICENSE NUN	998	nd due to the c	ause(s) and menner es stated.			
4	(Check only 2 GERTHYING PAYSIC ONe)  2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE DF CERTIFIER  PLICAN	n S & COMPLETED CAUSE O	nation and/or investigation,	in my opinion, o	29c. LICENSE NUN		nd due to the c	ause(s) and manner es stated.			

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ther death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

for funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should all.

the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,

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TO THE MUSTING OF ALTENDING PRINCIPAL AND AND AND AND AND AND AND AND AND AND	Ī	be filed within 72 hours after death with the Star Day	
2	2	8	
		be filed within 72 hours after death with the Street December and Mental Hygiene prior to burial, cremation, or remove	
1	-	/	

	FOR STATE REGISTRAR	STATE OF MAR			OF HEALTH A		NTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2.	DATE OF DEATH	W W	3. TIME OF	DEATH
	Vera	Mae	D	arnev			ovember			3 Pm
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. last birth	day) IF UNDER		MRS 7 1	DATE OF BIRTH		BIRTHPLACE (State Country)	or Foreign
	577-40-5176		62 vi	RS.			Month, On O'ber) 1	.930 s	outh Car	olina
~	9a. FACILITY NAME (If not institution, give sti	reet and number)			TOWN OR LOCATION	OF DEATH		9c. COUNTY		
Ď.	At Home, Rt. 24	19		va.	lley Lee			St. M	ary's	
DIRECTOR	10e. STATE 10b. COUNTY		100	. CITY, TOWN	OR LOCATION				10d, INSIDE	
	Maryland St. M	Mary's		Valle	y Lee				1 TYES	
₹.	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTY	177
FUNERAL	P.O. Box 184				20692			U.S	.A.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVEN FORCES? 1 1	YES 2 NO		WAS DECENDENT OF If yes, specify Cuben,	Mexican, Pu	RIGIN? (Specify Yes rerto Rican, atc.)	or No- 14.	RACE — American Black, White, atc.	Indian,
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES T	1	YES 2 NO	Specify:			Specify:	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDE	NT'S USUAL O	CCUPATION		16b. KIND OF BUS		hite	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N		during most of working					
AP	8th Grade			Homem				lome		
	17. FATHER'S NAME (First, Middle, Lest)  William Rus	ssell	Juli	25			First, Middle, Maiden		Toftio	
H	19a. INFORMANT'S NAME (Type/Print)	PETT			(Street and Number or	isy	Bel		Loftis	
임	George F. Darney	. IV			WOW Place					619
	20a. METHOD OF DISPOSITION		20b. PLACE AND D					CATION — City		
	1 Donation 5 Other (Specify)	val from State	Lee Cre			11/18	/92 C1	inton,	Marvlan	d
	21. SIGNATURE OF FUNERAL SERVICE LICE	DHSEE /	1	22. Ma	NAME AND ADDRESS ttingley-	OF FACILITY	Y			
	Michaeles	Hardi	silve		D. Box 27					0650
	23. PART I./Enter the diseases, or cannot shock, or heart fellure. L	omplications that car	used the deeth.	Do not enter	the mode of dying	, auch aa	cardiec or reapi	ratory arreat,	Appro	ximate
ŀ	MAMERIATE CALICE (Final									and Death
	disease or condition resulting in death)	CARDIO	RESPIR	PIRATORY FAILURE EQUENCE OF:  IC CARCINOMA			_3.			
_		WETA C	TATIO	OUENCE OF):						
Ó	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUEN	CE OF):	7	1 1/1				
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	÷								
E	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUEN	CE OF):						
CERTIFICATION		*								
AL (	PART II. Other aignificant conditions	contributing to dear	th but not result	ing in the un	derlying ceuse giv	en in Part	I. 24a. WAS AN PERFOR		24b. WERE AUTOP	
20							1 TYES 2		AVAILABLE PE COMPLETION OF DEATH?	
ME	41000							^	1 TYES 2	□ но
AN.										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	(2-c3/L)	OTHER	26. PLACE OF DEA					
HYS	1 YES 2 XNO  27. MANNER OF DEATH	1 Inpetient 2 ERA		TIME OF	ing Home 5 Resid		Other (Specify)  DESCRIBE HOW II	HIEV OCCUPS	in.	
ВУ Р	1 Netural 5 Pending	(Month, Day, Ye		INJURY M	WORK?		DESCRIBE NOW II	WORL OCCOME		
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (	URY — At home, fa	rm, street, fact	ory, offica	261	LOCATION (Street a	ind Number or R	ural Route Number,	
1	4 Homicide determined		apoony,				City or Town, State)			
립	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my k	nowledge, death or	corred at the t	me, data and place, as	nd due to th	e cause(a) and men	ner as atated.		
3 Suicide 4 Homicide 6 Could not be determined 225. LOCATION (Street and Number of City or Town, State)  292. CERTIFIER (Check only onle) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as attend only only a MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the								d due to the ce	use(a) and menner	es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	. 0			29c, LICENS	SE NUMBER	2	29d. DATE SK	NED (Month, Day, )	bar)
0	Lilane	~			D19	36	9	▶ [1]	18/97	_
	30. NAME AND ADDRESS OF PERSON WHO				land 206	50				
	Umed K. Shah, M 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	nardtown	i, Mary	Tana 200	30				
	NOV 18 '92	2 32. REGISTRAR'S S	Davidson-R	indelle						
	1107 2 0 02	1								

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DIVISION OF WILL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDIAL PHYSICIAN. In law requires that the death certificate be executed within 24	TO THE FUNEHAL INVESTIGATION AND THE PROPERTY OF THE SIGNED BY THE ATTENDING PHYSICIAN AND COMPLETELY FILE	burial,	
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IMPORTANT: If them 28 is man

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31. DATE FILED (Month, De

J.

	FOR	STATE OF MARYLAND /	DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN		2	3384	8		
	1 - REGISTRAR			CATE OF		REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEA			
	MARY ELLEN	FARRELL				NOVEMBER	5:00	А м				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les	, ha	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE Country	PLACE (State or F	oreign		
	486-40-5781	1 □ M 2 XF 54	YRS.	NONTHS DAYS	HOURS MIN.		938		SOURD			
	9a. FACILITY NAME (If not institution, give str			96. CITY, TOWN C	R LOCATION OF DI			NTY OF DE				
TOR	R.R. #1, BOX 195	A6		LEXII	IGTON PAI	RK	ST.	MAR	Y'S			
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 Y			
	MARYLAND ST.	MARY'S	1	LEXINGTO	JN PARK		T 40= 017		HAT COUNTRY?	NO		
A	Average Control of th			100			log. Crit					
빌	R.R. #1, BOX 195				20653		<u></u>	U.S				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Yenn, Puerto Rican, etc.) y:	a or No—		- American Ind , Whita, etc. y: WHITE	lan,		
				<u> </u>					MUTIE	_		
COMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	live kind of wo . Do NOT use	ISUAL OCCUPATION done during mo retired.)	on at of working	16b. KIND OF BU	ISINESS/INC	DUSTRY				
F	12		HOUSI	EWIFE								
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	1 Surname)					
BE	RUBEN MEEKS				FRAN	CES PAYNE		_				
2	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING /	ADDRESS (Street a	and Number or Rural	Route Number, City or To	vn, State, Ziç	Code)				
F	GERALD K. FARRELL R.R. #1, BOX 195A6, LEXINGTON PARK, MD. 20653											
	20e, METHOD OF DISPOSITION 1X Parial 2 ☐ Cremation 3X Ramo	20b. PLACE	AND DATE	OF DISPOSITION	(Name	DATE 20c. L	OCATION —	City or Tox	wn, Stata			
	JACKSONVILLE MEMORY GARDEN 11/23 ORANGE PARK, FLORIDA											
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
- 3	BRINSFIELD FUNERAL HOME, P.A.											
		nsfield Jr M0005		P.O.	BOX 279	LEONARDT	OWN.	MARYI	LAND 20	650		
	Fdward N. Brinsfield Jr M00052 P.O. BOX 279 IFONARDTOWN MARYLAND 20650  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest,  Approximate interval Between											
	IMMEDIATE CAUSE (Fine)	let only one ceuse on ascn line	<b>.</b>	11					Ordet an			
М	disease or condition	Canal		nala	12				man	JAN.		
	resulting in death)	DOIL TO JOH AS A CONSE	QUENCE OF	min	My,				Trup	eny		
_	Man Man Man Man Man											
CERTIFICATION	Sequentially list conditions,	DUE TO (UR AS A CONSE	QUENCE OF	mo	1-	ser ray	-		14	).		
F	if any, leading to immediate cause. Enter UNDERLYING											
음	CAUSE (Diseese or Injury	DUE TO (OR AS A CONSE	QUENCE OF	i.	-/	( /			+-			
Ē	that initieted events reaulting in death) LAST	TOPEST ASSESSOR RESORT		50					1			
崽												
· .	PART II. Other significent conditions	e contributing to death but not	resulting in	the underlyin	g cause given in	Part I. 24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY			
2							PRMED?		AVAILABLE PRIOF			
						1 □ YES	2 NO		OF DEATH?			
Σ									1 YES 2 D	NO		
ž									Nitt			
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL			LACE OF DEATH (C	neck only one)						
S	1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3		OTHER: 4 Nursing Hon	ne 5 Residence	6 Other (Specify)						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
	1 Natural 5 Pending	YES 2 NO										
ВУ	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJURY At he	ome, farm, st	reet, factory, offic	:0	281. LOCATION (Stree	t and Numbe	r or Rural R	Route Number,			
	4 Homicide 8 Could not be determined	building, etc. (Specify)				City or Town, Stat	9)					
ᄪ	29a. CERTIFIER						_		_			
COMPLETED	(Check only	CIAN: To the best of my knowledge, de										
O	2 MEDICAL EXAMINE	R: On the lights of examination and/or	Investigation	n, in my opinion, o	feath occured at the	time, date and place,	end due to t	he cause(s	) end manner as	etaled.		
	296. SIGNATURE AND TITLE OF CERTIFIER			11	29c. LICENSE NU	MBER	29d. DA1	TE SIGNED	(Month, Day, Year	7)		
BE (	h	A MANIT	15 L	VIA	D0641	9	1 1	1-22	-91			
5	30. NAME AND ADDRESS OF PER TO WHI	COMPANY CAUSE OF DEATH AT	M 270 /760	Dulas)	D0041		1					

MEDICAL ART

ARTS BLDG.

LEONARDTOWN.

MARYLAND

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 92 33849
	12	1. DECEDENT'S NAME (First, Middle, Leat)  Orald W Frank Land  2. DATE OF DEATH MONTH 1 26 92 520 AM
2	N	4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 F 62  1 M C F 64  1 M C F
2, 3 should	стов	9a. FACILITY NAME (If not institution, give atreet and number)  9b. CTY, TOWN OR LOCATION OF DEATH  WASHINGTON COUNTY HOSPITAL  HAGERSTOWN  WASHINGTON  WASHINGTON
t. Pages 1,	ERAL DIRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  MARULAND WASHINGTON HAGERSTOWN 1√2 YES 2 □ NO
nsit permit.		106. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  1.07.1.1 OAK FOREST DRIVE  2.174.0  U.S.A.
-0020 ling physician. the burial-transit	BY FUN	11. MARITAL STATUS  1
ND 21215-00 hospital or attending acched for use as the ce.	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (6-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 1 ) S/SGT  1 ) U.S. AIR FORCE
A S S S	COMP	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)
F 2 2 2	BE	BENJAMIN HEISE FRANKLAND  FREDA GOFF  196. INFORMANT'S NAME (PyperPrint)  195. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zio Code)
y be retained page 5 should be notified	임	ANN (RUSSELL) FRANKLAND 10711 OAK FOREST DR., HAGERSTOWN, MD 21740
6 m Stor.		20e. METHOD OF DISPOSITION  1 1 20   Cremation 3   Removal from State  4   Donation 5   Other (Specify)
<b>≥</b> 6 6 5		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
BALT after death. by the funera moval. Ical examin	Ш	Mandy A Lochench FT. ASHBY FUNERAL HOME, INC. P.O. BOX 1260-FT. ASHBY, WV 26719
within 24 hours a mpletely filled in by cremation, or removed, the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the control o		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each ilns.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):
X 687 e executed in and con to burial, umatic e	NOIL	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):
P.O. B th certificate ending phys i Hygiene p or other	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  d.
death death Mental H	AL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS
how and	MEDIC	Adult on set debete rellers  Performed?  1 yes 2 No  ARABILE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 yes 2 No
VITAL  VN: The landing from the landing state Depart  From 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:
HYSICIAN: The his certificate with the State ked, or item	HYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 28s. DATE OF INJURY 28s. TIME OF 28c. (NJURY AT 28d. DESCRIBE HOW INJURY OCCURED
E	ED BY R	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Suicide 6 Could not be (Month, Day, Year) INJURY WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) (City or Fown, State)
OINTENDING OR ATTENDING DIRECTOR: After hours after death item 28 is ma	LETE	4 Homicide determined
7 72 5	COMPLET	29s. CERTIFIER (Check only one).  1 CERTIFYING PHYSICIAN: To fix best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  112 31 C 3
15	10	30 HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Frederic It. (455 III in 1799 Howell Relifegers from hel
		31. DATE FILED (MOPT). Day. 1847) 1992 Julia Davidson-Randalle.

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OF VITAL RECORDS	
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DIVISION	
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	I. DECEDENT S NAME	(First, Middle, Last)								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	1		JOHN		C.	GERDE	MAN	Į			ember			11:14 p	
	4. SOCIAL SECURITY	S. S. O. S. L.	5. SEX		yrs. last birthday,	IF UNDER	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		7. DATE	OF BURTH			HPLACE (State or Foreign	
	214-05		X M 2   F	0,							-1/-19		MD		
œ	6a. FACILITY NAME (If					9b. CITY,		DR LOCATIO		ATH			NTY OF D		
DIRECTOR	Memori RESIDENCE OF	al Hospi	tal				Cu	ımber]	Land				Alle	gany	
S	10a. STATE	10b. COUNT	Y		10c. C	TY, TOWN O	LOCAT	TION		_				10d. INSIDE CITY	
늄	MD	Al	legany			Cumber	lar	nd						LIMITS? 1X YES 2  NO	
AL	10e. STREET AND NUM	MBER					101	. ZIP CODE				10g. CIT	ZEN OF	WHAT COUNTRY?	
EA	746 Maryland Avenue							2150	2			U	SA		
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2% IF YES, GIVE WAR OR DATES					11	yes, sp	CENDENT OF Cuban 2 1 NO	, Mexican	n, Puerto	N? (Specify Yer Rican, etc.)	or No—	Blac	E — American Indian, k, White, atc.	
3	15	16a. DECEDENT	S USUAL OC	CUPATIO	ON	_	168	. KINO OF BU	SINESS/INC						
4	Elementary/Second	tery (0-12)	College (1-4 or 5	+)	Me. Do NOT										
7	unknowr	reti	red e	mp1	oyee			Wate	er De	pt.					
COMPLETED	17. FATHER'S NAME (FI										Middle, Malden	Sumame)			
8 8		H. Gerd	leman					4	Anna	a Nut	tt				
0	19a. INFORMANT'S NA								or Rural R	loute Num	Number, City or Town, State, Zip Code)				
_	Mrs. Linda D. Cornachia Short Gap, WV														
	20a. METHOD OF DISP 1 X Burial 2 Cre 4 Donation 5 D	mation 3 🗆 Ren	noval from State	20b. P cemete S11	PLACE AND DATE	CEAND DATE OF DISPOSITION (Name of completely seed of the place)  Completely of Other place)  ATE 200. LOCATION — City of Town, State  Cumberland, MD  22. NAME AND ADDRESS OF FACILITY									
		IA A	AVC	M	an		Cumi	berla	nd,	MD :	al Hom 21502				
	23. PARV I. Enter t shock, iMMEDIATE CAUSE disesse or condition resulting in death)	or heart failure. E (Final on	complications the List only one can	use on eac	th line.	not enter	Cumi	berlande of dyin	nd,	MD :	21502 dlac or resp	iratory sn			
CERTIFICATION	IMMEDIATE CAUSE	or heart failure.  E (Final on   onditions,   mmediata   ERLYING   r injury   ts	a. Herri Due To	O (OR AS A C	the death. Do th line.	not enter i	Cumi	berlande of dyin	nd,	MD :	21502 dlac or resp	iratory sn		Approximate Interval Betwee Onset and De	
MEDICAL	IMMEDIATE CAUSE disease or condition resulting in death)  Sequentisity list on if any, leading to it cause. Enter UNDE CAUSE (Disease on that initiated event	on heart failure.  E (Final on heart failure).  I conditions, mmediate ERLYING r injury tal.	a. Due to b. Due to c. Due to	O (OR AS A C	CONSEQUENCE	not enter i	Cumi	berla  de of dyin	nd,	MD 3 ss can	21502 dlac or resp	AUTOPSY RMED?		Interval Betwee Onset and De On	
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BY PHYSICIAN: MEDICAL	Sequentisity list colifornia in death)  Sequentisity list colifornia in death)  Sequentisity list colifornia in death)  Sequentisity list colifornia in death)  Sequentisity list colifornia in death)  CAUSE (Disease of that initiated event resulting in death)  PART II. Other sign  25. WAS CASE REFERE EXAMINER?  1 YES 2 YES  27. MANNER OF DEATH  1 Netural  2 Accident	on ditions, mmediata ERLYING r injury LAST  Inflicant condition  REO TO MEDICAL  O  H  5 Pending	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CO) (OR AS A CO (OR	CONSEQUENCE CONSEQ	orther und	26. Pl	g cause gi	nd, ig, such	Part I.	24a. WAS AN PERFOR	AUTOPSY MAED?	24b	Interval Betw Onset and Do	
BY PHYSICIAN: MEDIC	Shock, IMMEDIATE CAUSE disease or condition resulting in death)  Sequentisity list or if any, leading to incause. Enter UNDE CAUSE (Disease or that initiated event resulting in death)  PART II. Other sign  25. WAS CASE REFERE EXAMINER?  1 YES 2 WAS CASE REFERE EXAMINER?  27. MANNER OF DEATH  1 Netural  2 Accident  3 Suicide  4 Homicide  29s. CERTIFIER (Check only)	or heer failure.  E (Final on    On     On    On     On	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A C O (OR AS A C O (OR AS A C O (OR AS A C O (OR AS A C O (OR AS A C O (OR AS A C O (OR AS A C O (OR AS A C O (OR AS A C O (OR AS A C	CONSEQUENCE CONSEQ	not enter in the uncertainty in	20 Pil	g cause gl	ven in I	Part I.  Part I.  28d. DE:	24a. WAS AN PERFO!  1 YES 2  CATION (Street or fown, State)  use(s) and main and mai	AUTOPSY RMED?  NO  INJURY OCI	24b	Interval Betwee Onset and De On	
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Dr. Augusto Figueroa-Johnson Heights Medical Building-Cumberland, MD

ATE FILED (MONTH, Day, 1987)

NOV 2 4 1992

Figure Davidson-Findson

21502

detached for use as the burial-transit permit. Pages 1, 2, 3 should DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require that the dath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mernál Hygiene prior to burial, cremation, or removal.

IMPORTANT: If I fem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	Health and Mental Hygiene prior to bunal, cremation, or removal.

	1 - FOR STATE OF MARY!		MENT OF H		MENTAL HYGIENI REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last)	0 - 111111	OAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH					
- 3	DUBOIS WILLIAM GILES				11 12		8					
		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign					
	214 07 4493 XM 2□F	75 YRS.	MONTHS DAYS	HOURS MIN.	(Morith, Day, Year) 12-04-19:	16 P	untry) N					
	Se. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF DE	9c. COUNTY O							
Œ	SACRED HEART HOSPITAL	>										
DIRECTOR	RESIDENCE OF DECEDENT		CUMBERLAND, MARYLAND ALLEGANY									
H	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?					
	MD Allegany	L	aVale				11 YES 2 1 NO					
AL I	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?					
FUNERAL	526 Maryland Street			21502		USA						
5	11. MARITAL STATUS 12. WAS DECEDENT EVER				IC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, lack, White, etc.					
ВУ	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WIND OR I	DATES		2 NO Specify	n, Puerto Rican, etc.)		pecify:					
	WW II	T					white					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo		16b. KIND OF BUS	INESS/INDUSTR	Y					
1 4	Elementary/Secondary (0-12) College (1-4 or 5 +)		,	2000	7,,,	Colos						
N N	110 KDOWD  17. FATHER'S NAME (First, Middle, Last)	usea	car man			Sales						
	The state of the s				ME (First, Middle, Maiden :	Sumame)						
BE	Bernard Giles  19th, INFORMANT'S NAME (Type/Print)				ly Deitz							
임	Servent Control of Server 1				Route Number, City or Town		'					
	Mrs. Mable I. Giles				LaVale, MD		Contract of the Contract of th					
	1 Burial 2 Cremation 3 Removal from State	b. PLACE AND DATE O metery, crematory or oth	ner place)			CATION — City o						
	4 ⚠ Donation 5 ☐ Other (Specify)	Rocky Gap		IS Cem.	11-16 F	lintsto	one, MD					
	1 10	1/				_						
	James & XICa	spelli	Cum)	perland	uneral Home MD 21502							
	23. PARTY. Enter the diseases, or complications that cause shock, or heart fellure. List only one cause on	d the death. Do no	ot enter the mo	de of dylng, sucl	n as cardiac or respir	ratory arrest,	Approximate					
	IMMEDIATE CAUSE (Final	each line.					Interval Between Onset and Death					
	DUE TO (OR AS	A CONSEQUENCE OF	):	7	0-0-0-0	7						
Z	disease or condition resulting in death)  a. Cardeo full vovelery are fully over the conditions.  Due to (or as a consequence of):  Sequentially list conditions.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or Injury											
별	that initiated events resulting in death) LAST	A CONSEQUENCE OF	):									
E	d											
	PART II. Other significant conditions contributing to death	but not resulting in	the underlying	cause given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS					
MEDICAL	Dr. D. Tiell Con IT			-	PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE					
	Cut File of Fi	elle-	7)		1 _ YES 2	₽/NO	OF DEATH?					
Σ	- will better + a	ulla	e		-		1 TES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATH (Che	- 200,000 00							
148	1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 28s. DATE OF INJURY			e 5 🗆 Residence								
	1 Netural 5 Pending (Month, Day, Year)		MY WO	RK?	28d. DESCRIBE HOW IN	AJURY OCCURE						
ВУ	2 Accident Investigation	IY — At home, farm, si		ES 2 NO								
COMPLETED	3 Suicide 8 Could not be determined 258. PLACE OF INJUR	ectly)	reet, rectory, orne	' I	28f. LOCATION (Street a City or Town, State)	ina Number or Hu	rar Houle Number,					
Щ	20a CERTICIER/											
MPI	29s. CERTIFIER (Check only one)  1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
8	2 MEDICAL EXAMINER: On the bests of examination	on and/or investigation	, in my opinion, d	eath occured at the	time, deta and place, and	d due to the cau	ee(s) and manner as stated.					
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN	IBER	29d. DATE SIGI	NED (Month, Day, Year)					
то в	140most file			D34	846	<b>&gt;</b> ((	117192					
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF D											
	DR. ROBERT ORLINO, M.D., 90		RIVE, C	JMBERLANI	D, MD 21502	2						
	31. DATE FILED (MORP), Day, Year) 12. REGISTRAR'S SIG											
	NUV 1 7 1992 Julia Davidson	gandell.					1					

BALTIMORE, MARYLAND 21215-0020	CHAPTHE THE WAR THE GREAT CHAPTER OF EXECUTED WITHIN 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and a should be detached by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PRESIDENT THE LAW INDIANS that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: Any the content of the strenging physician and completely fi	be filed within 72 hours after dearn with the ware tripp, of Jellith and Mental Hygiene prior to bund, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFIC	MENT OF HE		NTAL HYGIENE						
	1. DECEDENT'S NAME (First, Mic	ride, Last)  RICHARD		Hil	// 2	DATE OF DEATH	-92	3. TIME OF DEATH				
	4 SOCIAL SECURITY NUMBER 219-03-1359	1 ØM 2 □ F	81 YRS.	ONTHS DAYS H	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) AY 1, 191	Count	NPLACE (State or Foreign TLAND				
RECTOR	99. FACILITY NAME (If not instituted by the state of the	15 Haspit	fa/	LCONC	LOCATION OF DEATH	wa	St. COUNTY/OF D	Mary5				
5	MARYLAND	ST. MARY'S		TOWN OR LOCATION	r.P.		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
NERAL		21			20653		U.S.					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Amer 3 Widowed 4 Divorced	IE VEG CIVE WAR O	ES 2 NO		fy Cuban, Maxican, P	ORIGIN? (Specify Yes o verto Rican, etc.)	or No— 14. RACI Black Spec	E — American Indian, k, White, etc. #//: BLACK				
once.	15. DECEDE (Specify only hig Elementary/Secondary (0-12)	NT'S EDUCATION hest grade completed)  College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most o	of working	16b, KIND OF BUSIN						
8 8 8	3RD GRADE		LABO			CONSTR						
E 8	17. FATHER'S NAME (First, Middle			1		First, Middle, Meiden Sc						
B B	ANDREW JA  19e: INFORMANT'S NAME (Type/I	CKSON HILL	195 MAILING A	DDBESS /Street and	LOTTI	Number, City or Town,		STRONG				
medical examiner must be notified at once.  TO BE COM	JOHN A. HILL 208. METHOD OF DISPOSITION		ROUTE	3 BOX 12	1 LEXING	ION PARK,	MARYLAN					
Must	20s. METHOD OF DISPOSITION 1-4S Burlel 2 Commention 3 Removal from State 4 Donation 8 Other (Specify) TRUE TRUE HOLLINESS CEMETERY 11/20/92 PARK HALL,											
ě	21. SIGNATURE OF PUNERAL SE		1102 1102211	22. NAME AND	ADDRESS OF FACILIT	Y	150					
al exam	Michael	MATTINGLEY-GARDINER FUNERAL HOME, P.A. P.O. BOX 270 LEONARDTOWN, MARYLAND 20650  23. PARTY I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
nedic	23. PARV I. Enter the disee ahock, or heart	ses, or complications that cau fallure. List only one ceuse o	ised the deeth, Do no n each line.	t enter the mode	of dying, auch as	cardiac or reapira	itory arrest,	Approximate Interval Between				
=======================================	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Dacerbation of Knowie Obstractive										
- G	DUE TO (OR AS A CONSEQUENCE OF):											
Taumati	Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING		AS A CONSEQUENCE OF):		0. 0	1	Dages.					
Injury, or other traumatic event,	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR A	DUE TO (OR AS A CONSEQUENCE OF):									
lury, o	PART II. Other eignificent of	onditione contributing to deat	h but not regulting in	the underlying c	ause alven in Par	I. 24s. WAS AN AL	ITTOREY 041	. WERE AUTOPSY FINDINGS				
MEDIC					given in Fai	PERFORM 1 YES 2	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
PHYSICIAN:												
힐	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		28. PLAC	E OF DEATH (Check of	nly one)						
TYS	1 YES 2 NO	28e. DATE OF INJUI			5 Residence 8							
自直	Natural 5 Pend	ling (Month, Day, Yea		Y WORK	?	I. DESCRIBE NOW INJ	URY OCCURED					
28 is marked, TED BY PH	3 Suicide 6 Coul	d not be building, etc. /:	M 1 ☐ YES 2 ☐ N  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
PLE Item		NG PHYSICIAN: To the best of my kr										
<b>E</b> S	201/ TRANSURE AND TITLE OF	EXAMINER: On the basis of examina	allon sho/or investigation,									
TO BE COM	Dan	el (-1	De,	in	D252	30	29d. DATE SIGNED	(Month, Day, Year)				
	lavid (	2//en,	7. D. Type, P.	Leona	rdtou	20.	7	1				
	31. DATE FILED (Month, Day, Year)	92 Julia Davis	Man-Mandall									

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ARTHUR  L. HANNAS NOVEMBER 18, 11, 12, 12, 13, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	. TIME OF DEATH	3.	OF DEATH	2. DATE	-	JEA.						Middle, Last)	ECEDENT'S NAME (First,			
SOCIAL SCURITY NAMERS  2.0 -1.0 -7.8.5		Y YEAR	TH DAY	MONT		IAS	HANI				L		ARTHUR			
No. STREET AND HUMBER 190. COUNTY OF DEATH ALLOG OF DECEDENT 190. COUNTY OF DEATH ALLOG OF DECEDENT 190. COUNTY OF DEATH ALLOG OF DECEDENT 190. COUNTY OF DEATH ALLOG OF DECEDENT 190. COUNTY OF DEATH ALLOG OF DECEDENT 190. COUNTY OF DEATH ALLOG OF DECEDENT 190. COUNTY OF DEATH ALLOG OF DECEDENT 190. COUNTY OF DEATH ALLOG OF DECEDENT 190. COUNTY OF DEATH ALLOG OF DECEDENT OF DECEDENT 190. COUNTY OF DEATH ALLOG OF DECEDENT OF	ACE (State or Foreign	a BIRTHPLA	OF BIRTH	7. DATE				***	In yrs. lest t	6. AGE (	5. SEX	ER	OCIAL SECURITY NUME			
RESIDENCE OF DECEDENT  WE STATE THIS COUNTY OF DEATH  Allegary  WE COUNTY OF DECEDENT  WE STATE THIS COUNTY OF DECEDENT  WE STATE THIS COUNTY  WE STATE TH		0 MD	-17-192	11-	MIN.	HOURS	HE DAYS	S. MON	72		X 💢 M 2 🗆 F	85	20-10-78			
No. STREET AND MOMBER   100. COUNTY   100. CTITZEN OF W   100. C	ГН	9c. COUNTY OF DEAT		OWN OR LOCATION OF DEATH			CITY, TOWN	mber) 9b. CITY, TO			et and number)	and also also as	CACH ITY MARKE IN !-			
10. STREET AND NUMBER  4.11 Broadway  11. MARTAL STATUS  12. NAS DECEDENT FUER IN U.S. ARMED  13. POPULATION  14. PLACE AND DECEDENT OF THE PLANT CONGINAT (Specifty We or No	Allegany				Ē	rland	Cumbe		cal	led1	al & I	Hospi	emorial			
MD Allegany Cumberland  No. STREET AND NUMBER 4.1.B FOOdWay  11. MASTRUS STATUS 1   WAS DECEDENT EVER IN U.S. ANMED 1   WAS DECEDENT OF INSPANCE ORIGIN (Specify Year or No- 14. RACE 1   Year, specify Cobins, Marcian, Puerro Ricar, etc.) 2   Morrison   Was DECEDENT EVER IN U.S. ANMED 1   WAS DECEDENT OF INSPANCE ORIGIN (Specify Year or No- 14. RACE 1   Year, specify Cobins, Marcian, Puerro Ricar, etc.) 3   Wideway 4   Drocrad 1   WAS DECEDENT OF INSPANCE ORIGIN (Specify Year or No- 14. RACE 1   Year, specify Cobins, Marcian, Puerro Ricar, etc.) 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian, Puerro Ricar, etc.) 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian, Puerro Ricar, etc.) 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian, Puerro Ricar, etc.) 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OF INSPANCE ORIGIN, Marcian 1   WAS DECEDENT OR INSPANCE ORIGINAL (CL.) 1   WAS DECEDENT OR INSPANCE ORIGINAL (CL.) 1   WAS DECEDENT OR INSPANCE ORIGINAL (CL.) 1   WAS DECEDENT OR INSPANCE, Developing origing	Dd. INSIDE CITY	10				TION	VN OR LOC	CITY, TO								
10. STREET AND HUMBER   10. ZIP COOR   10. ZIP CO	LIMITS?			THE SAME SEE STATES							egany.	A11	MD	1		
Specific Control   Specific Co		10g. CITIZEN OF WHA			E			Can			J-g-cury -		STREET AND NUMBER			
Specify Completed   Company   Specify   Spec		USA			12	2150				411 Broadway						
Specific Street   Specific S	- American Indian,				F HISPAN	CENDENT O			U.S. ARMI	NT EVER IN	12. WAS DECEDE		MARITAL STATUS			
Secretary   Substitution   Substit	white	Specify:	Rican, etc.)						TES NO	IF YES GIVE WAR OR DA						
College (1-4 or 5+)   College (1-4 or 5+)		INESS/INDUSTRY	L KIND OF BUSI	168	107	ON ost of workin	one during r	d of work o	(Ghm							
The informants name (Type/Print)  The in							ed.)	OT use reti	Ma. D	+)	College (1-4 or 5	-12)	Elementary/Secondary (0	- 11		
The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. INFORMANT'S NAME (Type-Print)  The. Information of the Name of Name (Type-Print)  The. Information of the Name of Name (Type-Print)  The. Information of the Name of Name (Type-Print)  The. Information of the Name of Name (Type-Print)  The. Information of the Name of Name (Type-Print)  The. Information of the Name of Name (Type-Print)  The. Information of the Name of Name (Type-Print)  The. Information of Name (Type-Print)  The. Informatio	ne															
199. MALING ADDRESS (Street and Number or Paral Pouts Number, City or Revm., Stells, Zip Code)  Mrs. Lillian R. Hannas  200. MITS. Lillian R. Hannas  200. PLACE AND DATE OF INJERY (Comment of Comment																
Mrs. Lillian R. Hannas  411 Broadway Cumberland, MD 21502  20s. METHOD OF DISPOSITION 137 Burtist 2   Cremation 3   Removal from State							200 (0)	100 100	406		as			-		
20. METHOD OF DISPOSITION 13 Burlat 2   Committed to 1   DATE of DISPOSITION   Name of Commerce of Com											Uannaa			2		
Secretary   Surfail   2   Crementation   3   Removal from State   Restlawn Memorial Gardensl   -21   LaVale, ME	fine			$\overline{}$	erla					206	naimas					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   SCATPOLILIF Funeral Home   Cumberland, MD 21502	1 1 Burial 2 Cremation 3 Removal from State cemetery crematory or other place!															
23. PART   Enter the diseases, promplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intellated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUEN		ivare, ND	T I TIC					1 Me	estro		NSEE					
23. PART   Enter the diseases, or complications that caused the dash. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feiture. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)    A			al Home	mera	i Fu	rpell	Sca	4	RU	ar	Z 8/c	eo -	· Jam			
DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	shock, or heert failure. List only Dne cause Dn each line.															
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  THER:  4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNEB-OF DEATH  Netural 5 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF INJURY AT WORK?  1 YES 2 NO  28c. PLACE OF INJURY OF INJURY OF INJURY (Month, Day, Year)  28c. PLACE OF INJURY AT WORK?  1 YES 2 NO  28c. PLACE OF INJURY OF INJU	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):															
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?    YES 2 NO   1 YES 2 NO   26. PLACE OF DEATH (Check only one)	ERE AUTOPSY FING	Alimoey 245 Wi	24n WAS AN A	Part i	niven in	o ceuse c	underivi	ing in th	ut not res	deeth b	contributing t	nt conditions	T II. Other algorifica			
Natural 5   Pending   M   1   YES 2   NO    2   Accident   Investigation   2   Accident   Suicide   6   Could not be detarmined   4   Homicide   4   Homicid	MILABLE PRIOR TO OMPLETION OF CAI F DEATH?	MED? AM	PERFORI							- Sepsis						
1 Natural   5   Pending     M   1   YES 2   NO			ne)	25. WAS CASE REFERRED TO MEDICAL												
1 Natural   5   Pending     M   1   YES 2   NO			EXAMINER?  1 YES 2 NO  1 Proprient 2 FR/Outputtent 2 PA									2				
3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Riversity of Town, State)		JURY OCCURED				JURY AT ORK?	28c. II	TIME OF	-	F INJURY	26a. DATE O		Natural 5			
	te Number,	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town State)									3					
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s)	nd manner sa sta												(Check only	COMPLE		
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED	Ignth, Day, Year)	29d. DATE SIGNED (MG		MBER	ENSE NUN	29c. LICE					10	OF CERTIFIER	SIGNATURE AND TITLE	J 2		
D 33280 ► 11/18	92	D 11/18/		)	3280	D 33			_	Ma	Hr					
Dr. Sunil Gupta Modical Building Cumberland MD 215	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20 (Type, Print))  Down County Cou															
31. DATE FILED (MONTH POR MONT) 1992 Julia Navidnon-Randale.	2	2150	, MD	land	perl	Cumb		ina	Buil	cal	Medi	Gupta	. Sunil	L		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIE		
		1. DECEDENT'S NAME (First, Middle, Last)			***		2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH
		STEVEN	L.	ISN		JR.	11 19	1992	6:30 AM
Þj		4. SOCIAL SECURITY NUMBER  NONE	X M 2   F	n yrs. lest birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	986 M	
, 2, 3 should	стоя	96. FACILITY NAME (If not institution, give MEMORIAL HOSP). RESIDENCE OF DECEMENT			CUMBE!	RLAND	EATH	Sc. COUNTY O	
permit. Pages 1,	DIREC	10s. STATE 10b. COUNT	v legany	, TOWN OR LOCA				10d. INSIDE CITY LIMITS?  1X YES 2 NO	
· 55	ERAL	100. STREET AND NUMBER 800 Maryland A	venue		10	1. ZIP CODE 21502		10g. CITIZEN CUSA	F WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2. NO	If yes, or	CENDENT OF HISPAI secify Cuben, Mexics 5 2 1 NO Specif	NIC ORIGIN? (Specify Y in, Puerto Rican, etc.) y:	8	ACE — American Indian, lack, White, etc.
21 for u	COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) UNKNOWN	CATION o completed) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use Stude	ork done during me retired.)	ON ost of working	16b. KINO OF B	ool	Y
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) Steven Lee J	sner, Sr.				ME (First, Middle, Maide pla Sue St		
2 8 0	TO B	196. INFORMANT'S NAME (Type/Print)  Tampla S. Stal					Aoute Number, City or To Cumberland		
MORE ge 6 may lirector, pa		20a, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	н	PLACE AND DATEO	Burial	Park	11-23	ocation — city o Cumberla	
BALTIMORE, after death. Page 6 may by the funeral director, page moval.		DI SIGNATURE OF FUNERAL SERVICE LI	2 Aca	soll	Sca Cum	berland,	uneral Hor MD 21502		
within 24 nours pletely filed in the cremation, or referent the medient,		23. PART / Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sw	the death. Do not line.				piratory arrest,	Approximate Interval Between Onset and Death
P.O. BOX 68 to certificate be executed physician and I Hygiene prior to bur or other tradmattic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF					
MECCADS, F  THE CAST  THE	MEDICAL	PART II. Other eignificant condition	ns contributing to death be	ut not resulting in	n the underlyin	g cause given in		PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ITAL Control	ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO	HOSPITAL:		OTHER:	LACE OF OEATH (Ch			
OF VI PHYSICIAN this certific with the S riced, or I	PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	JURY AT DRK? YES 2 NO	6 Other (Specify)  28d. OESCRIBE HOW	INJURY OCCURED	
ISION TENDING TOR. After other death 28 is ma	red BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Speci	- Al home, farm, st	UA I		28f. LOCATION (Street	and Number or Bu	SE FIRE  WE/ALLEGAN
DIVISI PITAL OR ATTEN FRAL DIRECTOR 72 hours after F. If item 28 it	COMPLETED		ICIAN: To the best of my knowle				to the cause(s) and m	enner as stated.	
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 he IMPORTANT: If it	BE	296. SIGNATURE AND TITLE OF CERTIFIE	is a Chus	timis		29c. LICENSE NUI	MBER E	29d. DATE SIGN	MED (Morith, Day, Year) $0-1992$
	10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type	enn St	reet, B	Baltimore	, Mary	land 2120
2		31. DATE FILEO (Morith, Day, Year) NOV 2 3 199	32. BEGISTRAR'S SIGNA 2 Gran Davidso	TURE fanded					

1215-0020 r attending physician. use as the burial-transit permit. Pages 1, 2, 3 should	ED BY FUNERAL DIRECTOR	212-24-4347  9a. FACILITY NAME (If not institution, give stree  Southern Mark  RESIDENCE OF DECEDENT  10a. STATE  Maryland  10c. STREET AND NUMBER  P.O. Box 42, Buck	S. SEX 6. AGE (In yn 76  TO M 2 F 76  A and number)  ACAND TOSA  RECIMAN ROAD  RECIMAN ROAD  RECIMAN ROAD  RECIMAN ROAD  FORCES? 1 YES 2  IF YES, GIVE WAR OR DATES	YRS. MONTH	DER 1 YEAR  SE DAYS  STY, TOWN OF LOCAT  N OR LOCAT  WAS DEC If yea, ap 1   YES	IF UNDER 24 HRS. HOURS MIN. DR LOCATION OF DE DO MODE TRON  I. ZIP CODE 20620 ENDENT OF HISPAN ecity Cuban, Mexicas 2 NO Specify DN	IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	9. S. BIRTT. 1915 9c. COUNTY OF I PRINCE 10g. CITIZEN OF U.S. or No.— 14. RAC Blace	Maryland  DEATH  SEORGE  10d. INSIDE CITY LIMITS? 1 YES 2 XNO WHAT COUNTRY?
MARYLAND 21 retained by the hospital or 5 should be detached for unfilled at once.	BE COMPLET	The second secon	College (1-4 or 5+) Thompso	Housewif	e	18. MOTHER'S NAI	Hom ME (First, Middle, Meiden arie Route Number, City or Town	s <sub>umame)</sub> La	wrence
ALTIMORE, No death. Page 6 may be re funeral director, page 5 examiner must be no	OT.	Nathaniel W. Lawre  20a METHOD OF DISPOSITION 1 M Burlal 2   Cremation 3   Remova 4   Donation 5   Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE LICEN	20b. PLA cemetery Re+1	Star Rt.  ACE AND DATE OF DISP y, cremetory or other ples hesda IIn	1, B POSITION (Na co) Meth 22. NAME A Matti	ox 167, omeof odist Cer no adoress of far ngley-Ga:	Callaway,	Maryland CATION - CHY OF TO  Lee  eral Hom	Maryland e, P.A.
BOX 68760,  ate be executed within 24 hours after or system and completely filled in by the prior to burial, cremation, or removal.	ATION	23. PART I. Enter the diseases, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	onlications that caused the strong one cause on each oue to ton As A cou	e death. Do not en line.	ter the mo	de of dying, suci	n as cardiac or respi	will, Midity arreat,	Approximate Interval Between Onset and Death
CORDS P.O.  series me medical principal princi	MEDICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the co	DUE TO (OR AS A CO)		1/47 underlying	g cause given in	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
DIVISION OF VITAL RE DR ATTENDING PHYSICIAN: The terms DIRECTOR: After this certificate has been cours after death with the State Deat, of lem 28 is marked, or Nem 23 abo	PHYSICIAN: M	1 YES 2 NO 1  27. MANNER OF DEATH  1 Notural 5 Pending	10SPITAL:   Timpetient 2   ER/Outpetier   28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Vursing Hom 28c. INJ WO	ACE OF DEATH (Che		NJURY OCCURED	
= 24 F	COMPLETED BY	3 Sulcide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only)	28e. PLACE OF INJURY — A building, etc. (Specify)  IN: To the best of my knowledge on the basis of examination end	e, death occurred at th	e time, date	end place, and due		mer as stated.	
TO THE HOSPI TO THE FUNER be filed within	TO BE CO	296. SIGNATURE AND TITLE OF DESTIFIER 30. NAME AND ADDRESS OF PERSON WHO O	ince in	20	£ 10	29c. LICENSE HUM D-Ze		29d. DATE SIGNED	
		31. DATE FILED (Month, Day, Year) NOV 2 3 '92	32. REGISTRAR'S SIGNATUR	Kandoll		11 4/12	mD,	207/2	DHMH-16 Rev 1/59

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

v.e

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lial, cremation, or removal. uled within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

e event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death curry TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Heath and Mental Hy IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or the

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLANI	D / DEPAR					MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			. TIME OF DEATH		
	Betty Louise	Lien							Nov. 23,	1992	YEAR	10:30 A.M		
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr.	s. last birthday)	IF UNDER		IF UNDER 24	HRS.	7 DATE OF BIRTH	Т.	ACE (State or Foreign			
	477-12-6969	1 M 2 X F		68 YAS.	MONTHS	DAYS	HOURS	MIN.	9-13-192	4 N	dinn	esota		
1	96. FACILITY NAME (If not institution, give a				9b. CITY	TOWN D	R LOCATION	OF DE	ATH	9c. COUNT				
DIRECTOR	Residence-259	1e	Fro	stb	urg			Alle	gan	У				
<u>ا</u>	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	t0c. CIT	Y, TOWN C	R LOCAT	ION				1	Od. INSIDE CITY				
置	Maryland Alleg	any		Fre	Frostburg						LIMITS?			
	10e. STREET AND NUMBER						ZIP CODE			10g. CITIZE		AT COUNTRY?		
FUNERAL	250 Talcot Ave	nue			21532						USA			
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMED					IC DRIGIN? (Specify Yes					
A A	t Never Married 2 Married  3 Wildowed 4 Divorced	IF YES, GIVE W	XNO	1 Type, speci				n, Puerto Rican, etc.)						
9	15. DECEDENT'S EDU	CATION	16.	. DECEDENT'S	HELIAL OF	CUBATIO	MI		Less Maria de aus			White		
	(Specify only highest grade Elementary/Secondary (0-12)	(Give kind of a	work done i				16b. KIND OF BUS	SINESS/INDU	STHY					
립	12	College (1-4 or 5 +		anage:	r				Tnen	rance	2			
COMPL	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER	R'S NAI	ME (First, Middle, Maiden		-			
ш	William Marsha	ill Eade	S				Mat	til	da L. Ka	rlson	n			
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City of														
-	Peter C. Finne	<u>}</u>		5151	Cou	nty	Rd.	29	Nisswa.	Minr	nesc	ta 56468		
	20s. METHOD OF DISPOSITION 1 Derived 2 1 Cremetion 3 Rem	oval from State	20b. PLA	CE AND DATE	OF DISPOS	ITION /Ne	me of		A DATE 20c LO	CATION - CH	tu or Town	State		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		Res	sthave					s 792 Fre	deri	ck,M	laryland		
			1		22 I	AME AN	ure-	Ste	ein, Inc.	230	Ba !	ltimore A		
	Ernost			5.	23	30 E	Baltin	moı	ce -Cumbe	rlan	d, Mo	1. 21502		
	23. PART i. Enter the diseases, or shock, or heart failure.	Emplications that List only one cau	t caused the	e death. Do i	not enter	the mp	de of dying	, suct	as cardiec or respi	ratory arres	at,	Approximate interval Batween		
ŀ	iMMEDIATE CAUSE (Finel disease or condition	No	1.00	100	1-1	)			0	A		Onset and Death		
1	resulting in desth)	. Hu	WW	nul	(	ar	-WNO	no	- Porec	V)				
20	DUE TO (OR AS A CONSEDUENCE OF):													
CATION	Sequentially list conditions,	DUE TO	108 AS A CO	MEROUENCE O	D:					-				
3	if any, leading to immediate cause. Enter UNDERLYING		0		,							į		
TIFIC	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CO	NSEQUENCE O	F):		1 40	1	A	۸				
	resulting in death) LAST	a. 6-+	[	em	m	n	/ IV/c	N	nutrit	im	-			
S	PART ii. Other aignificant condition	e contributing to	deeth but n	of resulting	in the un	derivide	cause oly	en In I	Part I. 24s, WAS AN	ALITYOPEY	T 245 W	ERE AUTOPSY FINDINGS		
ZA				io. respicing	(110 011	uerrying	l cause div	911 111 1	PERFOR	MED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE		
MEDIC								-	1  YES 2	NO	0	F DEATH?		
									- 1		1	YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE DF DEAT	TH (Che	ock only one)					
S	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐	ER/Outpetier	W 3 DOA	OTHER		o 5 Resid	lence	6 Other (Specify)					
PHY	27. MANNER OF DEATH	28e. DATE OF (Month, Di		28b. TiM		28c. INJ			28d. DESCRIBE HOW I	NJURY OCCU	RED			
	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆 ۱		10						
	3 Suicide 6 Could not be	28e. PLACE Dibuilding,	F INJURY — A atc. (Specify)	At home, farm,	street, fect	ory, office			26t. LOCATION (Street e	and Number or	Rural Rou	rte Number,		
									11111111111111111					
COMPLETED	Check only 1 CERTIFYING PHYS													
5	one) 2 MEDICAL EXAMINE	R: On the besie of ea	amination end	d/or investigation	m, In my o	pinion, d	eath occured	at the t	time, date end place, en	d due to the	ceuse(s) s	nd menner es stated.		
BE	291. SIGNATURE AND TITLE OF CENTIFIE	FAN	/				29c. LICENS	SE NUM	BER	29d. DATE S	GNED (M	fonti, Day, Year)		
		() 1 4					00	13	371	<b>▶</b> 1//	24	152		
	Q. Za Hon. M.	D COMPLETED CAUS					1		/	,				
		#. BEGISTEM	R'S SIGNATUR	# /*	VP,	( )	im ba	001	land, m.	1. 2.	150	2		
j	NOV 2 4 1992	Joseph Lau	rdson-4	andell										
		(V						_						

NAME OF THE PARTY

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DIVISION OF VITAL RECORDS, P.O. BC	OR ATTENDING PHYSICIAN: 1
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S	ATTE
	K
	SPITAL

		FOR STATE REGISTRAR	STATE OF MARY				HEALTH AN	D MEN1	AL HYGIEN			
	1	1. DECEDENT'S NAME (First, Middle, L MARY JOA							TE OF DEATH	ĭ6 1	952	3. TIME OF DEATH
PIN		4. SOCIAL SECURITY NUMBER 217280119	1 M 2 KF	(In yrs. last	YRS.	IF UNDER 1 YEA	'S HOURS MI	1/	TE OF BIRTH brith, Day, Year) 1.1/32		MAR	RYLAND
2, 3 should	TOR	9a. FACILITY NAME (If not institution, g  SACRED HEART  RESIDENCE OF DECEDENT	HOSPITAL				N OR LOCATION O		LAND		NTY OF DE	
permit. Pages 1,	DIRECTOR	10a. STATE 10b. CO				Y, TOWN OR LO			BORDEN			10d, INSIDE CITY LIMITS?
		10e. STREET AND NUMBER	20 0 V - 11-W		1	FROSTE	101. ZIP CODE	•	BORDEN	10g. CIT	IZEN OF W	1 VES 2 NO
15-0020 ending physician. as the burial-transit	BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	EN YARD ROAT  12. WAS DECEDENT EVEN FORCES? 1   YES IF YES, GIVE WAR OR C	IN U.S. ARI		If yes	215. DECENDENT OF HIS, specify Cuben, Meyes 2 No Se	SPANIC ORK	GIN? (Specify Yea to Rican, etc.)		J.S. 14. RACE Black Specif	— American Indian, White, etc.
2121 al or att	PLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		(Gh	ve kind of t Do NOT ut	USUAL OCCUP. work done during retired.) EWIFE	ATION most of working	1	OTAIN II		DUSTRY	WIIII
YLA be de the	BE COMPL	17. FATHER'S NAME (First, Middle, Last, GEORGE SI		1 110	0051	TWILE			OWN H st, Middle, Melden ETH RO	Surname)		- Licente Service
RE, MAR ay be retained page 5 should t be notified	TO E	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  21532  JAMES R. LONG  316 BRADDOCK ST., APT. 323, FROSTBURG, N.  206. METHOD OF DISPOSITION  206. PLACE AND DATE DISPOSITION (Name of DATE)  207. PLACE AND DATE DISPOSITION (Name of DATE)								BURG, MD		
BALTIMORE nours after death. Page 6 may d in by the funeral director, pa or removal. medical examiner must b		11 Buriel 2 Cremetion 3 1 4 Donation 5 Other (Specify) 21 SIGNATURE OF SUMSTIAL SERVICE	Removal from State	metery, crer	natory or o	ther place) RG MEM	PARK	1.	1/ <b>1</b> 9 F	ROS	BUR	G, 2MB32
BALT after death. by the funer moval. ical exami	Ц	23. PART 1. Enter the diseases,	or complications that cause	WES	oth. Do r	60 W	. MAIN	ST.	, FROS	TBUE	RG, I	E, P.A. MD 21532
within 24 is upletely fille cremation, vent, the		shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	aDUE TO (OR AS)	each line.	Ta	te	00.		NOW		lest,	Approximata Interval Between Oneet and Death Z Mco
P.O. BOX 681  n certificate be execute ending physician and cr Hygiene prior to buna or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Emer UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS  DUE TO (DR AS				mai	7				
RECORDS  The print the pri	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDENTO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
CIAN: The un- ertificate the the State De-	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?  1   YES   Y	HOSPITAL:	tpatient 3	□ DOA	OTHER:	PLACE OF DEATH					
PHYS this with	ву рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigati				M 1 [	INJURY AT WORK?  YES 2 NO	28d. C	ESCRIBE HOW II	NJURY OC	CURED	
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED.	3 Suicide 6 Could not determine	d	ectfy)				C	OCATION (Street a ity or Town, State)			oute Number,
Z Z Z =	COMPL	One) 2 MEDICAL EXAM	HYSICIAN: To the best of my know MINER: On the basis of exemination									and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	20. NAME AND ADDRESS OF PERSON	Magage	W	m	Drive!	29c. LICENSE	NUMBER 7/	35	29d. DAT	E SIGNED	(Month, Day, Year) 7 - G Z
2		DR. VICTOR E.					IVE, CUM	BERLA	ND, MD	2150	2	

FOR STATE REGISTRAR

1. DECEDENT'S HAME (First, Middle, Last)

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)		1. DECEDENT'S HAME (First, Middle, Last)  OPOLIC U  4. SOCIAL SECURITY HUMBER		attin	birthday) #	UNDER 1 YEAR		2. DATE OF DEA MONTH  7. DATE OF BIRT	8- 92	YEAR 3. TIME OF DEATH 11.59a M  8. BIRTINPLACE (State or Foreign	
2, 3 should	OR	219–12–4576  90. FACILITY HAME (If not institution, give si		2/	YRS.	CITY, TOWN	OR LOCATION OF DE		21,1918	Maryland TY OF DEATH	
Pages 1,	DIRECTOR	100. STATE 100. COUNTY Maryland St.	Mary's		10c. CITY, TO		cation Sville			10d, INSIDE CITY LIMITS?	
isit permit.	FUNERAL (	100. STREET AND NUMBER  1645 Old Route Fi			TACCI		101. ZIP CODE 20659			1 U YES 2 1 HO EN OF WHAT COUNTRY? U.S.A.	
ding physician. the burial-transit	B	11. MARITAL STATUS 1  Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNC	IED O	If yes,	ECEHDEHT OF HISPAI specify Cuban, Mexica ES 2 A HO Specif	in, Puerto Rican, et	fy Yes or Ho—	14. RACE — American Indian, Black, White, stc. Specify: White	
by the hospital or attending physician, be detached for use as the burial-trar at once.	COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) 11th Grade	CATIOH completed)  College (1-4 or 5+)	(Ghr	EDENT'S USU e kind of work Do NOT use ret	done during i tired.)	most of working		ail Food		
d by the hospit id be detached d at once.	BE CO	17. FATHER'S HAME (First, Middle, Last) Louis Johnson	Matting	jly			18. MOTHER'S HA	ME (First, Middle, M	leiden Surname) Delahay		
ay be retained page 5 should be notified	TO	John Francis Wood	l, Sr.				t and Number or Rural Ite Five N			Maryland 20659	
director, pa		20a, METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Cen	netery, crem	atory or other poseph	s Cem	etery 11/	21/92 M		, Maryland	
r death. P le funeral al. examin		21. SIGNATURE OF FUHERAL SERVICE LIC	Gardiner							Home, P.A. aryland 20650	
ted within 24 hours after completely filled in by the ial, cremation, or removal event, the medicel		23. PART I. Enter the diseases, or cahock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that ceuse List only one cause on e	each Ilna.					4	Interval Batween	
in certificate be execute through physician and control investor to burial or uther traumatic.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Emar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A		-	reft	Present	nesto	C		
and the first of the second of	MEDICAL	PART ii. Other algnificent condition	a contributing to deeth b	out not re	aulting in th	ne underly	ing cause given in	Part I. 24a. W PE 1 U Y	AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 100	
No. The Land of London	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	nationt 3	OT OT	THER:	PLACE OF DEATH (Ch				
NG PHYSICIA fler this cert sath with the marked, or	ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF IHJURY (Month, Day, Year)		28b. TIME OF	28c, II	HJURY AT VORK?		IOW INJURY OCCU	IRED	
ATTENDING ECTOR: After s after dea?	ETED B	3 Suicide 8 Could not be detarmined	3 Suicide 8 Could not be 28s. PLACE OF IHJURY — At home, term, street, building, atc. (Soecity)								
SPITAL DR A VERAL DIRECTOR NO 72 hours	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC One) 2 MEDICAL EXAMINE	CIAN: To the best of my know							d, ceuse(s) and manner as stated.	
TO THE HOSPITAL DR ATTENDING PHYSICIANS TO THE FUNERAL DIRECTOR: After this certification of filed within 72 hours after death with the SS IMPORTANT: If New 28 is marked, or III.	TO BE C	29L SIGNATURE AND TITLE OF CERTIFIER	4	-			29c. LICENSE NUM	MBER 7	29d. DATE	SIGNED (Morgh, Day, Year)	
		James B	O YOU OF DE	). D	ı	EONAF	RDTOWN, MA	ARYLAND :	20650	7	
(le)		NOV 2	The gunary sign	NTA (CZC)	-Nanda	-					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

			REGISTRAR		CE	RTIFIC	CATE O	F DEATH		REG. NO.				
			1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O			3.	TIME OF DEA	ATH
		- 1	EARL EDWARD METZ						MONTH 1.1	14		92	0.75	A M
		- 8	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest	birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 DATE OF	DIETH	La		8:45 ACE (State or I	Formion
			214 03 1509	1 💢 M 2 🗆 F	93	YRS.	ONTHS DAY	B HOURS MIN,	(Month, 1	2-1909		Country)	MD	
	pino		9a. FACILITY NAME (If not institution, give s	treet and number)	0.	-	Sh CITY TOW	N OR LOCATION OF D		1909	9c. COUNTY	V OF DEAT		_
	3 should	œ							CATH					
	. 2,	5	SACRED HEART HOS	PITAL			CUM	BERLAND			ALLE	GANY		
	Pages 1.	DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CITY,	TOWN OR LO	CATION				10	d. INSIDE CIT	ΓY
	2	5	MD A	ALLEGANY				BARTON				1	LIMITS?	□ NO
	permit,	7	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE		T COUNTRY?	
	sit p	E.	P.O. BOX	76			- 1	21521		- 1		U.S		
	pnysician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARA	NEO.	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN?	Specify Vee	or No. 14		American Inc	des
050	buria		1 Never Married 2XX Married	FORCES? 1 X	YES 2 N	)	If yes,	apecify Cuban, Mexic 'ES 2XXNO Speci	an, Puerto Ric	en, etc.)		Black, W	filte, etc.	,
0	# P	B	3 Widowed 4 Divorced	WW II	NAVY		Ι ''''	ES ZVANO Speci	ny:			Specify:	WHITE	
215-0020	e as	0	15. DECEDENT'S EDU	CATION			SUAL OCCUPA		16b. K	IND OF BUSI	NESS/INDUS	TRY		
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Q	bed .	릴	UNKNOWN	30.00		LA	BORER			CO	NSTRU	CTTO	N	
LAND	detached once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)				-011210	16. MOTHER'S N	AME (First, Mic			0220		
Y	8 8 8	BC	JOHN	METZ				E	LIZABI	TH PR	ESTON			
MARY	5 should be	0	19a. INFORMANT'S NAME (Type/Print)	a Self-life Control	19b.	MAILING A	DORESS (Street	et and Number or Rural						
		2	VERA METZ						ON, MI			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
шĨ.	page page		29a. METHOD OF DISPOSITION		20h BLACE A		DISPOSITION			1				
S.	oto:		1 Donation 6 Other (Specify)	oval from State	cemetery, cren	atory or oth	LL CEM	(Name of	DATE		ATION CIT		MD	
Ž	direc direc		21. SIGNATURE OF FUNERAL SERVICE LIC	FNSEE	LAURE	ווא יוי	_	. 11-16-		BAR	TON	1	ш	
BALTIMOR	duel beath, rage o may be by the funeral director, page smoval.  Iteal examiner must be		11/	1//	_ //		22. NAME	AND ADDRESS OF F		AL-WAR	NICK	FUNE	RAL HO	OME
3A	e e fe		Ways	× 400	W		11	1 CHURCH						
			23. PART I. Enter the diseases, or o	omplications that o	eused the dea	th. Do no	t enter the	mode of dying, suc	ch aa cardia	c or respire	atory arres	t,	Approxim	nate
	D D E		shock, or heart feilure. iMMEDIATE CAUSE (Final				0	,					Onset an	
	~ 10 -		disease or condition	No -	100	11-1	10	1/2re						
90	and completely fille to burial, cremation, matic event, the	ı	resulting in death)	DUE TO (O	R AS A CONSEQ	UENCE OF):	400	Inre					<del></del>	
68760,		-	_										j	
9	or other traumatic e	CATION	Sequantially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQ	JENCE OF):								
	attending physician mal Hygiene prior to	¥	cause. Enter UNDERLYING	_										
8		트	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEQ	JENCE OF):	:							
0	Hyding F	CERTIFI	resulting in death) LAST											
0.	he attending ph Mental Hygiene Iury, or other	8		d										
RDS	he att Mental	4	PART ii. Other aignificant condition	s contributing to de	eath but not re	sulting in	the underly	ing cause given in	Part I. 2	4e. WAS AN A			RE AUTOPSY	
OH	GLA	DICAL								PERFORM		00	MILABLE PRIOR OF	
O	· 图 图 图 图	W								☐ YES 2	X		DEATH?	1 100
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AL	100	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	heck only one)					
OF VITAL	certificate h the State I	Sic	EXAMINER?	HOSPITAL:	B/Outnotlent 3 (		OTHER:							
7	ECTOR: After this certifical safer death with the St. 28 Is marked, or it	PHY	27. MANNER OF DEATH	28a, DATE OF IN	JURY	28b. TIME		ome 5 Residence		Specify)	JURY OCCUR	BED.		
	The Marie		1 XXNetural 8 Pending	(Month, Day,	Year)	INJU	RY	WORK? YES 2 NO	I COLUMN	WOL HOW HE	JOHN OCCUP	NED.		
DIVISION	DIRECTOR: After hours after death	è l	2 Accident Investigation	28e. PLACE OF I	NJURY — At hor	e form etc			201 1 0 0 4 7	ION (Chart or	al Monther or	D 1 D 1	- 14 1	
S	after d		3 Suicide 6 Could not be 4 Homicide determined	building, etc	:. (Specify)		dat, lactory, or	THOSE STATE OF THE	City or	ION (Street an Town, State)	id Number or	HURIT HOUR	y Number,	- 5
$\geq$	DIRECTOR: hours after item 28	E .	an organizate 3737			_					_			
	4	COMPL	(Check only	CIAN: To the best of my	knowledge, dea	th occurred	at the lime, d	ate and place, and du	to the cause	(a) and mann	ner as stated.			
i i	FUNERAL within 72 I	ō	one) 2 MEDICAL EXAMINE	R: On the beals of exam	nimition and/or in	vestigation,	In my opinior	, death occured at the	time, data a	nd place, and	due to the c	cause(s) an	d menner as	stated.
3	M Wit		296 SIGNATURE AND THIS OF CERTIFIES	1				29c. LICENSE NU	MBER	T	29d. DATE S	IGNED (Mo	onth, Day, Year	n
i	TO THE FUNERAL De filed within 72 IMPORTANT: If	H	2//2	1	)			D 07	164		D 11.			
	- F & ==	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, F	Print)	1 301	101			10	100	
	5		JACK W. HARVE					IIMBERT.AND	MD 21	502				
	2													
			NOV 2 0 19	92 delia 1	widson A	ndelle								7
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BALTIMORE, MARYLAND 21215-0020

O THE HOSPITAL OR ATTENDING PHYSICIAN: The International death certificate be executed within 24 hou	D THE FUNERAL DIRECTOR: After this certificate that the part of the attending physician and completely filled I	and to burial cremation or
death certifi	e attending p	ental Hynian
4	THE REAL PROPERTY.	End M
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OR ATTENC	DIRECTOR: Af	hours after de
HOSPITAL OR ATTENC	FUNERAL DIRECTOR; Af	within 72 hours after de
THE HOSPITAL OR ATTENC	THE FUNERAL DIRECTOR: AF	filed within 72 hours after de

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1992

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 17 PAY 19972" LOIS JEAN MCKENZIE TITH 02:10A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 218 60 1348 1 🗌 M 2 💢 F 3/23/39 MARYLAND Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CUMBERLAND, MD ALLEGANY MEMORIAL HOSPITAL DIRECTO RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ALLEGANY CUMBERLAND 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? ROUTE 8 BOX 313 BOWMANS ADDITION 21502 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2' 2 NO 1 Never Married 2 X Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10 HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at DAVID FRANKLIN HEAVNER RUBY ELLEN LARK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 21502 2 Route 8 Box 313 Bowmans Addition Cumb EDWARD W. McKenzie e 20a. METHOD OF DISPOSITION
1 G Burial 2 C Cremation 3 Removal from State 20c. LOCATION — City or Town, State  $2\,1\,5\,0\,2$ 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 1 G Burial 2 Cremation 3 1 4 Donation 5 Other (Specify) ROCKY GAP VETERANS CEM CUMBERLAND, MD examiner 21 SIGNATURE OF FUNERAL PRINCE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAFER CHAPEL OF THE HILLS MORTUARY 1302 NATIONAL HWY LAVALE, MD 21502 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition RUPTURED ASPONINGL AUSTIC ANEURYSM ? 24HRI resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): 23 shows any injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MELLITUS DIAJETES 1 TYES 2 PLNO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO 8 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined IMPORTANT: If Item 28 29e. CERTIFIER
(Check only one)
2 MEDICAL SYMMED: On the heat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of sxamination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yber) BE Thre D 11/1) 111745 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PHYLIP

SCHROEDER, CUMBERLAND, MD

32. REGISTRAR'S SIGNATURE

lia Savidson-Randell

21502

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MICHAEL MCLANE 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 17-23-9 YEAR Joseph CL ane 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 8-12-1962 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR te or Foreign MD Sountry) HOURS 30 218-90-6755 1 X M 2 - F 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George DIRECTOR Prince George's Medical Center Cheverly RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Benedict MD Charles 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 复 20612 PO Box 143 Benedict Rd. use as the burial-transit USA Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burlal-tran 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 X NO BY Specify. white 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Manufacturing Elementary/Secondary (0-12) College (1-4 or 5+) warehouseman Plastics Company 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maidon Surmame)
Marguerite Patricia McDermott Aloysius Gerard McLane, Sr. notified at BE 19a. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street end Number or Aural Route Number, City or Town, State, Zip Code)
10912 Hollaway Dr., Upper Marlboro, MD 2 20772 Aloysius G. McLane, Jr. 9 20s. METHOD OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Southern Mem. Gardens 11-25-92 4 Donation 5 Other (Specify) Dunkirk (Cal.) MD examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY funeral 20736 hours after death. Owings, MD Rausch Funeral Home, PA, ion, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** completely filled the disease or condition injunes requires that the death certificate be executed within traumatic event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO JOR AS A COMSEDUENCE OF and corr CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 s been signed by the attend pt. of Health and Mental H 3 shows any Injury, or PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS **MAILABLE PRIOR TO** COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | 10 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: The law IFUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. If ANT: If Item 28 is marked, or Item 23 s PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 2 FR/Outpatient 3 DOA 5 Residence 6 Other (Specify) 4 Nursing I 27. MANNER OF DEATH 20b. TIME OF 28e, DATE OF INJURY 28c. INJURY AT WORK? 1 Netural
2 Accident 5 Pending 1 YES 2 NO BY 281. LOCATION (Stre City or Town, Str 3 Suicide ED 6 Could not be 4 Homicide ᆸ 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best COMPL TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If I 2 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CEI 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 a acus 18 variación 31. DATE FILED (Month, Day 1992

DEC

8. BIRTHPLACE (State or Foreign

92\$ WASHINGTON, DC

YEAR

1992

9c. COUNTY OF OEATH

ST. MARY'S

10g. CITIZEN OF WHAT COUNTRY?

Specify:

U.S.A.

3. TIME OF OEATH

10d. INSIDE CITY 1 TES 2 NO

14. RACE — American Indian, Black, White, atc.

WHITE

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TES THO

29d. DATE SIGNED (Month, Pey, Year)

3

4:31 A.M.M

REG. NO 2. DATE OF OEATH DAY

NOVEMBER 21

29c. LICENSE NUMBER

JEFFERSON STREET, LEONARDTOWN, MARYLAND 20650

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

VICTORIA

296. SIGNATURE AND TITLE OF CERTIFIES

JAMES C

31. DATE FILED (Month, Day, Year)

BOYD.

38. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

17

232 BEGISTHAR'S SIGNATURE LA

M.D.

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radical the use beau	the stormed by the after	Memia	shows, any injury,
Man required that the Ocale	has been promed by the atte	Democratical and Merita	23 shows amy injury.
A. Ing. The Industry line use Usaka	carries they comed by the atte	Star Democratical and Merita	New 23 shows any injury.
JUNANI: ITH THE TRUTH THE USE OF THE	ertificant has been outsided by the atte	the Stree Department and Merita	or item 23 shows any injury,
TINGS IN THE SECURE THE USE OF THE	his certificant has been comed by the atte	with the State Democratics and Merita	ked, or item 23 shows any injury,
NG PHISIOIAN. IN THURS HE WE USE USE	tter this certificant has been comed by the atte	eath with the Star Demonstrate and Memba	marked, or item 23 shows any injury,
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ALLENDING PHISICIAN. IN THURS INC. US USAN	ECTOR: After this certificant has most comed by the atte	s after death with the Star Demonstrate and Memia	1 28 is marked, or item 23 shows any injury,
OR ALLENDING PHTSICIAM: INC. INC. INC. INC. USE USE USE	DIRECTOR: After this certificant has been comed by the atte	hours after death with the Star Democratics and Menta	Item 28 is marked, or Item 23 shows any injury,
TIAL OR ALLENDING PHISICIAN. IN THURS INC. US OFFICE	RAL DIRECTOR: After this certificant has been doned by the atte	72 hours after death with the Star Democratics and Menta	? If Item 28 is marked, or Item 23 shows may injury,
HOSPITAL OR ALLENDING PHISICIAN, INC. INC. INC. INC. OR OF CO.	FUNERAL DIRECTOR; After this certificant has they comed by the atte	within 72 hours after death with the Star Demonstrate and Menta	(ANT: If item 28 is marked, or item 23 shows any injury,
THE HOSPITAL OR ALLENDING PHYSICIAN. IN THURSE HER USE USED	THE FUNERAL DIRECTOR; After this certificant has proved by the atte	fled within 72 hours after death with the Star Democratics and Menta	"ORTANT: If Item 28 is marked, or Item 23 shows any injury,
TO THE HOSPITAL OR ALLENDING PRINCIPLE THE PRINCIPLE OF CACHEO WITHIN 24 HOURS AND COME. PAGE OF HIGH OF CHAINED BY OF THE	TO THE FUNERAL DIRECTOR: After this certification are considered by the attending physician and completely filled in by the funeral director, page 5 should be detact	be filed within 72 hours after death with the Star Democratics and Menta	IMPORTANT: If liem 28 is marked, or liem 23 shown amy injury, or other traumatic event, the medical examiner must be notified at one:

7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 1 🗌 M 2 👽 F YRS. 579-20-5128 69 19 FEB. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH DIRECTOR NAVAL AIR STATION HOSPITAL PATUXENT RIVER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND ST. MARY'S RIDGE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE BOX 53, PORTNEY'S OVERLOOK ROAD 20680 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 186. KINO OF BUSINESS/INDUSTRY fary (0-12) College (1-4 or 5+) 12 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MICHAELLA FIDELE MICHAEL COCCIA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOHN LINWOOD NELSON PORTNEY'S OVERLOOK RD., RIDGE, MD. 20680 20s. METHOD OF DISPOSITION
1 Burlet 2 Commation 3 Removal from State
4 Donalion 5 Differ (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE HUNTT CREMATORY WALDORF, MARYLAND 21. GICHATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME, P.A. EDWARD N. BRINSFIELD P.O. BOX 279, LEONARDTOWN, MARYLAND 20650 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet pnly one cause on each lina. IMMEDIATE CAUSE (Finel Acuto Pulmon diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ters CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO O AS A CONSEQUENCE OF cause. Entar UNDERLYING alto CAUSE (Disease or injury (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL THE WY 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL ENAMMERT 1 YES 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 PER/Outpetient 3 DOA
288. DATE/OF NJURY
(Month, De), Year) 28b. Ti OTHER: 4 🗆 Nura ng Home 5 - Realdence 6 - Other (Specify) marked, or 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO BY Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 8 Could not be determined 4 Homicide 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the b ination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL	L DR ATTENDING PHYSICIAN: The law
Na	THE HOSPITAL DR

		1. DECEDENT'S NAME (First										OF DEATH	y.	YEAR	3. TIME OF D	EATN	
		ANNA BERNI									II	17	199	2	17:30	Рм	
		4. SOCIAL SECURITY NUME 217 05 068		5. SEX	6. AGE (In yrs. les	/ YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (Mooti	OF BIRTH -2-1918	3	8. BIRTH Countr	PLACE (State of	r Foreign	
should		9a. FACILITY NAME (If not in	**		<u> </u>		96. CITY	, TOWN (	OR LOCATI	ON OF DE		2 1)10		9c. COUNTY OF DEATN			
رن دن	СТОВ	SACRED HEART HOSPITAL					CUM	BERL	AND,	MAR	YLAN	D	ALL	EGANY			
Pages 1,	EG	RESIDENCE OF DEC	10b. COUNT		10c. CIT	Y, TOWN	OR LOCAL	TION						10d, INSIDE C	YTY		
	DIRE	MD		ALLEGANY	LEGANY WESTERNPORT							1 X YES 2					
t permit.	RAL	10e. STREET AND NUMBER	MADVI	AND AVE.	ID AVE				101. ZIP CODE 21562			_		g. CITIZEN OF WHAT COUNTRY?		n	
cian. Ltrans	FUNE	11. MARITAL STATUS		NT EVER IN U.S. AR	MED	13.	WAS DEC				17 (Specify Yes		U.S.	— American I	odles		
215-0020 attending physician. se as the burial-transit	B	1 Never Married 2 3 Nidowed 4 Dive		FORCES?	YES 2 XA	10		If yes, sp		ın, Mexicar	n, Puerto I	lican, etc.)		Black	white, etc.		
	ETED	(Specify onl	EDENT'S EDU y highest grade	CATION completed)	(Ge	CEDENT'S We kind of v Do NOT us	work done		ON est of working	ng	18b.	KIND OF BUS	INESS/INC	USTRY			
		UNKNOWN	1-12)	College (1-4 or 5	+)		ERK					GROO	CERY	STOR	≀E.		
YLAND Sylve hospital be detached it at once.	COMP	17. FATHER'S NAME (First, M							16. MOT	HER'S NAM	ME (First, A	Viddle, Malden		DIOI			
# 8 E	BE (			N GREEN		_				_		SARET F					
	2		NEWL(		191	. MAILING						Sec. City or Town			562		
		Ille. METHOD OF DISPOSIT	(Signativ)		20b. PLACE					L-20-	-92		ERNF				
- 27		22. NAME AND ADDRESS OF FACILITY BOAL-WARNICK FUNERAL HON 111 CHURCH ST. WESTERNPORT, MD 21562										OME					
P.O. BOX 68760, each certificate be executed within 24 hours after intending physician and completely filled in by the tall Hypiere prior to burial, cremation, or remove, or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or Injuthat initiated events resulting in death) LAS	ions, diate	a. Due to	IOR AS A CONSECUTION AS	WENCE OF	ac Vei					puc			Onset	il Between and Death	
treath and Me	MEDICAL (	PART II. Other significa	nt condition	ns contributing to	death but not n	esulting i	n the ur	nderlyln	g cause (	given in i	Part I.	24a. WAS AN PERFORM	MED?	24b	WERE AUTOPS' AMAILABLE PRI COMPLETION ( OF DEATH?	OF CAUSE	
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N: The lar icate has State Deg	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	☐ ER/Outpatient 3	□ poa	OTHEI	R:	LACE OF D								
OF V PHYSICIA this certif with the rked, or	훒	27. MANNER OF DEATH		28e. DATE OF (Month, L	F INJURY Day, Year)	28b. TIM	-	28c. INJ				CRIBE HOW IN	JURY OCC	CURED			
ION OF NDING PHYS I: After this of r death with Is marked,	B	2 Accident	Pending Investigation				M	1 🗆 1	YES 2	NO							
DIVISION DR ATTENDING F DIRECTOR: After t hours after death them 28 is mar	ETED		Could not be determined	building.	OF INJURY — At hor, etc. (Specify)	ma, farm, s	street, fact	lory, offic	-		281. LOC	ATION (Street a or Town, State)	nd Number	or Rural F	loute Number,		
7 7 7 7	COMPLET			ICIAN: To the best of											) and manner r	is stated.	
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 PIMPORTANT: If	TO BE C	296. SIGNATURE AND TITLE	(	Ceti	anu	a	K	·D		ENSE NUM					(Month, Day, Ye		
10		DR. JOHN ME		, M.D., 9				7 C	IIMRE	OT AND	) МТ	2150	,				
		31. DATE FILED (Month, Day,		32. REGISTRA	AR'S SIGNATURE	inde 22		, 0	OTH)	- Lanil	, FIL	, 21302					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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,	1. DECEDENT'S NAME (First, Middle, Last)		- 01		IOAIL	_ 01	DEAT	1.0	2. DATE	REG. NO	).		3. TIME OF DEATN
- 10	THURMAN WILSON F	OCEV							MON		19 <sup>9</sup>	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthdev)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE	OF BIRTN	19		112:06 A  NPLACE (State or Foreign
	219-12-3772	1 🔀 M 2 🗆 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	1925	Coun	GAH. MARYLAN
	9a. FACILITY NAME (If not institution, give s	treet and number)	07		9b. CITY	TOWN (	OR LOCATE	ON OF D				UNTY OF	
DIMECTOR	ST. MARY'S HOSPI	TAL			LEO	NARI	NOTO	1			ST	. MA	RY'S
	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	R LOCAT	NON						10d. INSIDE CITY LIMITS?
- 18	MARYLAND ST.	MARY'S		ME	CHAN	ICS\	/ILLE	5					1 TYES 2 NO
FUNEHAL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CI	TIZEN OF	WHAT COUNTRY?
	2855 SANDGATES F	ROAD					206	559			UNI	TED :	STATES
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN	IT EVER IN U.S. AF	NO NO						N? (Specify Y	es or No—	14. RAG Blo	CE — American Indian, ck, White, atc.
2	3 Wildowed 4 Divorced	IF YES, GIVE	AAR OR DATES			YES	2 XNO	Speci	ty:				city:
	15. DECEOENT'S EDU			ECEDENTS	USUAL O	CCUPATH	n.		16	b, KIND OF B	ISINESS/III	-	ITE
-	(Specify only highest grade Elementary/Secondary (0-12)	completed)			work done			ng	1.0	o, raito oi b	00111200/11	10001111	
COMPLEIED	12	College (1-4 or 5	*)	OWNE	R/MAI	VAGE	R			RETA	IL SA	ALES	
5	17. FATNER'S NAME (First, Middle, Last)			0111	,	4.01	1	NER'S N	AME (First,	Middle, Malde			
BE C	THOMAS WILSON PO	SEY					SU	ISIE	BOW	TE			
- 14	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	ADDRES	S (Street a				nber, City or To	wn, State, 2	Zip Code)	
2	EDITH POSEY			2855	SAND	GATE	ES_RC	DAD.	MECI	HANICS	VILL	E. M	20659
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Ram	ovel from Stele	20b. PLACE	OF DISPO	SITION (No	ime of cei	metery, crer	matory or		20c. L	OCATION -	- City or	Town, State
	4 Donation 5 Other (Specify)	2 1	_ /¢HARI							17 LE	ONARI	DTOW	N, MD
	21. SIGNATURE OF FUNERAL PROPERTY	Dow 1	/)		22.	NAME A	ND ADDRE	SS OF F	ACILITY				ERAL HOME
	EDWARD N. BR	INSFIELD	JR. M	00052	,					59 N.	WASH	INGT	ON STREET
	ahock, or heert feilure.		at caused the duse on each lin	eeth. Do		the mo	ode of dy	ring, su	ch ae ce				ON STREET ARYLAND 206 Approximate interval Between
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**Allegany** 

CITIZEN OF WHAT COUNTRY? U.S.A

14. RACE — American Indian, Black, White, etc.

Specify: WHITE

West Virginia

Approximate Interval Between **Onset and Death** 

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day,

3. TIME OF DEATH

2:52 BIRTHPLACE (State or Foreign Country)

Virginia

10d. INSIDE CITY 1 YES 2 NO

24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ó attending physician and completely filled in by the funeral director, page 5 should be detached TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law manner me certificate be executed within 24 hours after death. Page 6 may be retained by the hois TO THE FUNERAL DIRECTOR: After this certificate has been upper a standing physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept or terms of the proper of the property of the propert

use as the burial-transit permit. Pages 1, 2, 3 should

BE COMPLETED BY FUNERAL DIRECTOR

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

6

resulting in death) LAST

1 | YES 2

27. MANNER OF DEATH

1 Hatural

2 Accident

3 Suicide

4 Homicide 29a, CERTIFIER

FOR

P.O. BOX 68760,

CORDS, DIVISION OF VITAL

1 - STATE REGISTRAR	SIAIE UF I	MARTLA					DEAT		MENIAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Lest)  MARGARET	Лe	an				PRA'	יתי		2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME
4. SOCIAL SECURITY NUMBER	5. SEX 1	-	n yrs. lest b	vrs.	IF UNDER		IF UNDER	24 HRS.	November 7. Date of Birth (Month, Day, Year)		a. BIRTH	HPLACE (S
235-32-6875 96. FACILITY NAME (If not institution, give s			00	THS.	9b. CITY	, TOWN (	OR LOCATI	ON OF D	June 23,1	_	Wes	
Memorial Hosp							rlar	d_			<u> </u>	Legar
WVa MII	VERAL			10c. CIT	Y, TOWN C	YSE						10d. INS
100. STREFT AND NUMBER 474 WEST PIEDI	MONT ST.					101	ZIP COD	€ 2672	6	10g. Cl	U.S.	
11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDER FORCES?	YES	2 X10			I yes, sp		ın, Mexic	NIC ORIGIN? (Specify ) an, Puerto Rican, etc.) fy:	fes or No-	14. RACI Blac Spec	E — Amerik, White, o
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		16a. DECE	kind of v			ON ast of workli	ng	16b. KIND OF E	IUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12) 0-11th	College (1-4 or 5	+)	####. DA		IEMAK	ER			SEI	F		
17. FATHER'S NAME (First, Middle, Last) TYRA (T)	ED) THOME	PSON					18. MOT	HER'S N	AME (First, Middle, Maid ETTA HAI			912
196. INFORMANT'S NAME (Type/Print) FLOYD GREG PRA	rT		19b. I	Rt.		OX 2		or Rural	Poute Number, City or TER WVa 2	own, State, 2 26726	lip Code)	
20g METHOD OF DISPOSITION 1 🗗 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State		PLACE AND OTOMA					DENS	The second of	LOCATION -		own, Slate
21. SIGNATURE OF FUNERAL SERVICE LI	un Noz	Sur	gi	7	22. N	ARKV		-McK	KOUTY ENZIE FUNI RAL ST. KE			1
23. PART I. Enter the diseases, pr shock, pr heart failure.	complications (b)	t caused	the deat	h. Do r	not enter	the mo	de of dy	Ing, suc	ch as cardiac or res	piratory a	rrest,	Ap
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. L	76 OR AS A	ONSFOU	12	191	10	W	0,	YEUR	On	VIT	- /
Sequentially list conditions, if any, leading to immediate	b. DUE TO	(09 AS A	CONSEQUE	ENCE OF	BMI		ME	رطرد	INATTO	2000		10
cause, Enter UNDERLYING CAUSE (Disease or injury	C. DUE 16	IOR AS A	CONSEQUI	ENCE O	( <i>//</i>	7/0		13	RONC	MI	115	12

ignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

24s. WAS AN AUTOPSY PERFORMED? 1 - YES 2 7 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER:

etient 2 - ER/Outpetient 3 - DOA 26a. DATE OF INJURY (Month, Day, Year)

6 Could not be

28c. INJURY AT WORK? 28b. TIME OF 1 YES 2 NO

28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)

6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

26. PLACE OF DEATH (Check only one)

18769

one) 2 MEDICAL EXAMINER: On	the basis of examinatio	n and/or investigation, in	my opink	on, death occured at the time, date and p	place, and due to the cause(s) and menner
96. SIGNATURE AND TITLE OF CERTIFIER		94 )	0	29c, LICENSE NUMBER	29d, DATE SIGNED (Month Day

4 🗌 Nu

	1			_//-		, ,	
30. NAME AND	ADDRESS	S OF PERSON	WHO C	OMPLETED	CAUSE OF DEATH	I (ITEM 27) (7,496.	Print)

Memorial Hospital Cumberland, MD 21502

17 1992 Icha Davidson

DHMH-16 Rev 1/89

as stated.

		sit permit. Pages 1, 2, 3 should	
	d by the hospital or attending physician.	ild be detached for use as the burial-tran	
	Jurs after death. Page 6 may be retain	ed in by the funeral director, page 5 short	or removal.
	HE HOSPITAL OR ATTENDING PRIVSICIAN: The taw frontine that the death certificate be executed within 24 AZMs after death. Page 6 may be retained by the hospital or attending physicia	is certificate har are to attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s	mental Hygiene prior to burial, cremation, or removal.
1	fiquines that the	un sept by	A Health and
	YSICIAN: The taw	s certificate has the	th the State Dutte.
O NOISING	THE HOSPITAL OR ATTENDING PH'	THE FUNERAL DIRECTOR: After this	g filed within 72 hours after death with the State Drug w Health and

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Randala

Suryakant Patel
31. DATE FILED (Month, Day, Year)
WWW 25 '92

	FOR 1 STATE		STATE OF M							MENTAI	. HYGIENI	E		330	
	REGISTRAR  1. OECEOENT'S NAME (Fin	of Adictella ( out)			ERTIF	ICATE	OF	DEA	ТН	2 DATE	REG. NO.			3, TIME OF DE	ATU
		CATHER	T NTE			0	ueei	n	M	MONTE	ber 2		YEAR	3:40	D M
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDE		7. DATE	OF BIRTH	+,13	8. BIRT	HPLACE (State or	Foreign
į	219-48-8250		1 M 2 XF	89	YRS.	MONTHS	DAYS	HOURS	MIN.	JUNI	Day, Year)	1903	MA	RYLAND	
ļ	9a. FACILITY NAME (If not		treet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF D				JNTY OF		
	Physicia		morial	Hospit	al	La	P1	ata				Cha	rle	S	
	RESIDENCE OF DE	10b. COUNTY	1		10c. CI	Y, TOWN	R LOCA	TION						10d. INSIDE CI	TY
	MARYLAND	CHAI	RLES			RBURY								LIMITS?	Χno
ı	10e. STREET AND NUMBER				1			. ZIP COD	Œ			10g. CIT	FIZEN OF	WHAT COUNTRY	
	#12 RICHARD	LAWRE	NCE DRIVE	Ξ				20	658			UNI	TED	STATES	
ı	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. /						NIC ORIGIN	? (Specify Yea	or No-	14. RAC	CE — American In	idlen,
1	1 Never Married 2		IF YES, GIVE V		Alio			2XXNO			noun, enc.		Spe	city:	
		CEDENT'S EDU	CATION	16a I	DECEDENT'S	IISUAL O	CCUPATI	ON		165	KIND OF BUS	INESS/IN	IDUSTRY	BLACK	
1		nly highest grade			(Give kind of life. Do NOT u	work done			ing						
1	6TH GRADE	(*/	NONE		OMEMA	KER					PRIV	ATE			
	17. FATHER'S NAME (First,	Middle, Last)						16. MOT	HER'S NA	ME (First, I	Aiddle, Maiden	Surname)			
ı	ARCHIE SHEL	TON						NET	TIE	RANDA	ALL SHI	ELTO	N		
	19a. INFORMANT'S NAME										ber, City or Yowi			00010	
ı	MARTHA LOMA									WAS	HINGTO			20018	
1	20a, METHOD OF DISPOS 1 N Burlel 2 Cremen		oval from State	other place)									Town, State RYLAND		
١	4 Donation 5 Oth		ENSEE /		OHMICE						ODI.	10111	, I'll	TC I LITTLE	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  1. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  THORNTON'S FUNERAL HOME, POMONKEY, MARYLAI  THORNTON'S FUNERAL HOME, POMONKEY, MARYLAI  TOTAL C. THORNTON JOHNSON											YLANI			
	23. PART I. Enter the ahock, or		complications the			not ente	the mo	ode of dy	ying, euc	ch as car	flac or reapi	ratory a	rreat,	Approx	imate Between
	IMMEDIATE CAUSE (F		-							_		Onaet a	ind Death		
I	disease or condition resulting in death)	$\rightarrow$	a	CARDIO PULMONARY  DUE TO (OR AS A CONSEQUENCE OF):  CEREBRO VASCULAR					/1/	-					
			O F	DER	D m	/A	Ca	1/_A	2	21	FSE	-5		ĺ	
١	Sequentially list cond		DUE TO	(OR AS A CONS	SEOUENCE (	IF):				0.					
	if any, leading to imm cause. Enter UNDERL	YING	. A)	VD	0	1	A	6E	•					ļ	
	CAUSE (Disease or In that initiated events		DUE TO	(OR AS A CONS			-								
	resulting in death) LA	IST	d	IAB	EI	ES	4								
- 1	PART II. Other algolific	cant condition	ns contributing to	death but no	t resulting	in the u	nderfyln	g cause	given in	Part I.		AUTOPSY	/ 24	Ib. WERE AUTOPS	
											PERFOR	I A		COMPLETION OF DEATH?	
												X		1 TYES 2,	A NO
														,	
	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL						LACE OF	OEATH (C	heck only o	7e)				
	1 TES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 □ DOA	OTHE 4 □ Nu		ne 5 🗆 F	Residence	6 🗆 Othe	r (Specify)				
H	27. MANNER OF DEATH	Pending	28a. DATE O (Month, I	F INJURY Day, Year)	28b. TI	WE OF	W	JURY AT ORK?		28d. DE	SCRIBE HOW I	NJURY O	CCURED		
I	2 Accident	Investigation	20- 81 405	OF IN HIPO		M de		YES 2	U NO		AT1044 (0)		0	1 De de Marchae	
	3 Suicide 6	Could not be determined	building	OF INJURY — At , etc. (Specify)	nome, rarm,	atreet, in	aury, om	CB		City	or Town, State)	and Numb	er or mura	l Route Number,	
	29a. CERTIFIER	OTIEVING BUVE	ICIAN: To the best of	d my knowledne	death annu	mad at the	time det	e and also	o and do	a to the on	una(a) and mar		leted.		
	(Crieck only —		ER: On the basis of					100						e(s) and menner s	s stated.
- 1	29b. SIGNATURE AND TIT		_	Samuel Control		785.15	111122		CENSE NL					EO (Month, Day, Ve	
		10 %	de					7	101	531		•	11-	24-9	2
2	30 NAME AND ADDRESS	, V						- ·					1.1	/	

103

8926 Woodyard Rd., Suite Clinton, Maryland 20735

BALTIMORE, MARYLAND 21215-0020	quarte that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The among physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Merall Houses prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICAN, Taken quires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR After the opticing the property of the property of the filed within 72 hours after completely filled in by the	IMPORTANT: If Item 28 is marked, on item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGI	ENE
CERTIFICATE OF DEATH	REG.	NO.

	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND	/ DEPAR	TMENT	OF H	EALTH	AND N		HYGIEN REG. NO.		<i>-</i>	550	0 1
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DE	ATH
	Thelma Louise		Re	ehm					Nove	mber		1992	3:01	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF				PLACE (State or	
	292-05-2874	1 🗆 M 2 💢 F	76	YRS.	MONTHS	DAYS	HOURS	BRIN.	Dec.	2, 1	915	Oh:		
_	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN C	R LOCATIO	OCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	Naval Hospital				Pa	tuxe	nt R	iver	St. Mary's					
E C	10a. STATE 10b. COUNTY	r		10c. CIT	10c. CITY, TOWN OR LOCATION					10d. INSIDE CI				
8	Maryland St.	Mary's		L	Lexington Park						LIMITS?	₹NO		
AL	10a, STREET AND NUMBER				10f. ZIP CODE						VHAT COUNTRY	* *		
FUNERAL	187 Gunston Drive				20653						U.S.A.			
2	11. MARÇTAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	TEVER IN U.S.	ARMED 7 NO	13.	WAS DEC	ENDENT C	F HISPANI	C ORIGIN? (	Specify Yes	or No-	14. RACE Black	— American In	dlan,
B≺	3 🔀 Widowed 4 🗌 Divorced	7			2 NO	Specify:				Speci	ty:			
									IND OF BUS	IMESS/IM		ite		
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of life. Do NOT us	work done	during mo	st of working	g	1966 1	110 01 000	MILOGINE	JUSTAT		
Elementary/Secondary (6-12)   College (1-4 or 5+)   Administrative Asst.   Doctor's Office										Offic	ce			
Tr. FATHER'S NAME (First, Middle, Last)  Carl Rutschow  Caroline Louise									Surname)					
									Pau	tz				
19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip  15to your Frencht Pohm  1614 D. 26th Avenue Neeth Agents														
F	Steven Ernest Reh	m		614D	36t)	h Av	enue	, No	rth, I	Myrtl	e Be	ach,	SC 295	577
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Cremation 3 ☐ Rame	oval from State		CE AND DATE		ITION /Na	me of		DATE	20c. LO	CATION -	City or To	wn, Steta	
	4 Donation 5 Other (Specify)  21. SIGNATIFIE OF FUNERAL SERVICE LIC		Lee	Crema	tory						lint	on, l	Marylar	nd
	21. SIGNAIPHE OF FUNERAL SERVICE LIC	ENSEE	1					GATO		Fune	ral	Home	, P.A.	
	Il school &	Xarden	ev		P.	O. E	$0 \times 2$	70. 1	Leona	rdtow	m. M	arvl	and 20	1650
	23. PART I Enter the diseases, or canock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	on each I	lna.						-		rest,		Batween nd Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEQUENCE O	F):											
ᄀ	PART II. Other significant condition	a contributing to	death but no	t resulting	in the un	dochulne	COURA	hen le f	Doet i Do	4- 400 441	ALFRODAY	1.00		
IN: MEDICAL	Abd	Cere	eguiting in the underlying cause given in Part i.								WERE AUTOPSY MAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	R TO F CAUSE		
ᅙ	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL:		V	OTHER		ACE OF D	EATH (Chec	ck only one)					
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2			4 🗆 Nun	sing Hom			Other (S					
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIM	E OF IURY M		URY AT RK? 'ES 2		28d. DESCR	NBE HOW IF	URY OC	CURED		
	3 Suicide 8 Could not be determined	28a. PLACE Of building,	FINJURY — At otc. (Specify)	home, farm,	me, farm, stree1, factory, offica  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED		CIAN: To the bast of ax											) and manner as	stated.
TO BE	296. SIGNAJURE AND TITLE OF CONTINES	ton	20				29c. LICE	HSE NUMBER	BER SS	~	29d. DAT	E SIONED	(Month, Day, Yea	72
F	30. NAME AND ADDRESS OF PERSON WHO	/					-							
	William D. Boyd,			Leona	rdtov	vn, l	Mary]	Land	2065	00				
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	Cuidson-	Prode 10										
	Nov 25 '92	Culiant	heridson-	Marian										

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See Land 1 and 1

BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician,	y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should noval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Immediate median death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEFAL DIRECTOR: After this certificate has a sum strend by me attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dett.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH	VE	3. TIME OF	DEATH	
	CHARLES E.	ROMINE				117-	18-19	92		) P. M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	15-19		SIRTHPLACE (Stehl	e or Foreign	
,	214-10-4987  9e. FACILITY NAME (If not institution, give	1 📉 M 2 🗆 F	82 YRS.				-12-19		WV		
œ	1702 Holland	,			or Location of D erland	1	9c. COUNTY OF DEATH Allegany				
5	RESIDENCE OF DECEDENT	JEECCE		Cuilo	errand	1	Allegally				
DIRECTOR	10a. STATE 10b. COUNT			TY, TOWN OR LOCAT			10d. INSIDE CITY LIMITS?				
	MD A	llegany		Cumberla			1 XYES 2 NO				
FUNERAL		Charach		101	21502		10g. CITIZEN OF WHAT COUNTRY? USA				
JNE	1702 Holland Street  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AF			13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	(Specify Yes		RACE — America	n Indian.	
	1 Never Married 2 Married	FORCES? 1 TYES	2 NO	If yes, sp	ecify Cuban, Maxic	an, Puarto Ric			Snector		
3 Widowed 4 Divorced WW II										.te	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  UNKNOWN  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  INSURANCE agent  16. NECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Insurance agent  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Allow Tappo Andorsoon											
insurance agent Metropolitan Ins											
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)											
Benjamin Franklin Romine Alicy valle Anderson											
19a. INFORMANT'S NAME (TyperPrint)  Mrs. Jennie M. Romine  19b. Mailing Adoress (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1702 Holland Street Cumberland, MD 21  20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cornetery, cremetory or 20c. LOCATION — City or											
	1 Donation 6 Other (Specify)	novel from Stale	other place)	ap Vetera		11-2			tone, M	D	
	1 Conga 7	2 dear	nilli	Sc	arpelli mberland	Funer	al Hom	ne			
	23. PART   Enter the diseases, or	complications that cause	d the death. Do					atory arrest		roximate	
	/ ahock, or heert fellure.  IMMEDIATE CAUSE (Final	. List only one cause on e	each line.	- 1 c	100	rer				val Between et and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a										
	DUE TO (OR AS A CONSEQUENCE OF)  CHARLES DISEASE										
ON	Sequentially list conditions, If any, leading to immediate  b. DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	C.		-11/							
TIF	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	OF):							
CERTIFICATION	Testiting in death) CAST	d							-		
	PART II. Other algnificant condition	na contributing to death t	but not resulting	in the underlyin	g cause given i	n Part I.	24a. WAS AN /		24b. WERE AUTO		
MEDICAL						_ [	1   YE\$ 2	1/		ON OF CAUSE	
ME				-				'	1 TYES	2 🗌 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		_								
SICI	EXAMINER?	HOSPITAL:	netlant 3 🗆 DOA	OTHER: 4 Nursing Hor	LACE OF OEATH (C	6 Other					
H	27. MANNER OF OEATH	28s. DATE OF INJURY	28b. Til	ME OF 28c. IN	JURY AT	7		WURY OCCUR	EO		
ВУР	Natural 5 Pending Accident Investigation	(Month, Day, Year)	""		ORK? YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, ecify)	street, factory, offic	20		TION (Street a Town, State)	nd Number or I	Rural Route Numbe	м;	
ET											
COMPLETED	one)	SICIAN: To the best of my know IER: On the basis of examination							average) and manage	ar an atata d	
			on and/or investigat	ion, in my opinion,	- SHULLING		ind place, and				
BE	29b. SIGNATURE AND TITLE OF CERTIFI	N.A.Koni	The		29c. LICENSE N	1210		D /2	197/59	( War)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	SATH (HTEM 27) (Typ	ne, Print)	1/4	1010		- 1	2//6	-	
	Dr. N.A. Ra	njithan, 5	17 Old	Town Re	oad, Cu	mber.	land,	MD 2	21502		
	31. DATE CIVED (HOM) DRY YOU'S	32. REGISTRAR'S, SIGI	NATURE								
	א אנכו די אייין	helia Davidson-Ra	mount								

BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PROGRAM THE American or entitle the precitied within 24 hours after death. Page 6 may be retained by the hosening or extending observing
0	thin 24 hours after
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	nouses that he death certificate be executed with
ac.	٧.

TAL OR ATTENDING PRESIDIAL THE INVESTIGATE BEAUTION OF BEAUTION OF THE CONTINUE AND ACTION OF THE INVESTIGATE OF THE ORIGINAL PRESIDIAL THE INVESTIGATION OF THE ORIGINAL PRESIDIAL THE INVESTIGATION OF THE ORIGINAL PRESIDIAL THE INVESTIGATION OF THE ORIGINAL PRESIDIAL THE ORIGIN	this certificate has been seems with the State Dept, of Ream	if from 28 is married, or from 23 mays are injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHO	TO THE FUNERAL DIRECTOR: After this to be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked, o	

	92-6630-0	23									9	12	3386	9
	FOR ASP STATE REGISTRAR	STATE OF M			TMENT ICATE				1 - 2 - 2 - 2	YGIEN		_		
	1. DECEDENT'S NAME (First, Middle, Last)	-							2. DATE OF	DEATH	W 7.0	YEAR	3. TIME OF DEAT	īN
	EMILY	J.				REII			11	20	19	92	11:30	A <sub>M</sub>
	4. SOCIAL SECURITY NUMBER  168-36-5908	1 - M 2 F	6. AGE (In yrs. les 48	YRS.	MONTHS	DAYS	HOURS	24 HRS.	7. DATE OF	ынтн Э <b>~1</b> 94	14	e. BIRTH	IPLACE (State or Fo	reign
	ea. FACILITY NAME (If not institution, give a						R LOCATIO		EATH		Bc. COUNTY OF DEATH			
0	ROUTE#1, BOX 12	22			FRIENDSVILLE					GARRETT				
DIRECTOR	10a. STATE 10b. COUNTY MD Gar	rett		10c. CITY, TOWN OR LOCATION Friendsville						10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER ROute 1 Box 122	2				101.	2153	P CODE 109. CITI					WHAT COUNTRY?	
E A	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA						ı, Mexica	n, Puerto Rica		or No-	Blaci	E — American Indi k, White, etc. "Y": white	arı,
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  UNKNOWN  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of wo life. Do NOT use retired.)  homemaker						N it of working	g		OWN					
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Lest) 19. Robert T. Elliott Edith Tone								le, Maiden		-				
TO BE	190. INFORMANT'S NAME (Type/Print) Mr. John J. Rei	NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	20b. PLACE AND DATE OF DISPOSITION   20b. PLACE AND DATE OF DISPOSITION (Name of Disposition 5   Other (Specify)   11-											city or To		
	22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502													
	23. PART Enter the diseases, or canock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. J. U.W.	don each line	NA	ROM			•	-	or respi	ratory ar	rest,	Approxim interval B Onset and	etween
ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (C	OR AS A CONSEC	QUENCE O	F):									
ERIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	OR AS A CONSEC	QUENCE OF	F):									
MEDICAL	PART II. Other significant condition	esulting	in the unc	derlying	cause g	iven in		WAS AN PERFOR	MED?	246.	WERE AUTOPSY F MAILABLE PRIOR COMPLETION OF C OF DEATH?	CAUSE		
H YSICIAN:	25. WAS CASE REFERRED TO MEDICAL													
3	EXAMINER?	HOSPITAL:	EB/Outration 3	[] <b>DOA</b>	OTHER				6 Other (Sp					-
7	27. MANNER OF DEATN 1 Witural 5 Pending	28a. DATE OF II (Month, Day	NJURY	28b. TIM	-	28c. INJU	JRY AT		28d. DESCRI		NJURY OC	CURED		
I EU BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, of	INJURY — At horte. (Specify)	me, farm, :	street, facto	ry, office			201. LOCATIO	N (Street a wn, State)	nd Numbe	r or Rural F	Route Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC ONE) 2 X MEDICAL EXAMINE	ICIAN: To the best of m											e) and manner as a	titled.
2	296. SICHATURE AND TITLE OF CERTIFIER						29c. LICE						(Month, Day, Year)	
	Wohne (by	Youll					0.0	C.M	. Е		<b>•</b> 1	1-2	1-1992	
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM			Str	eet	, В	altim	ore,	Ma	ryla	and 21	.201

32 REGISTRAR'S SIGNATURE

3 1992

BALTIMORE, MARYLAND 21203-3146

S. P.O. BOX 131	ment certificate be execute	Annual physician and control of the physician and physician hygiene prior to buria
DIVISION OF VITAL HEROTICS, P.O. BOX 131	PHYSICIAN: The law fequities was	this certificate has then a series of with the State Dept. Health and
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE IN PROJECT WAS TREEN CERTIFICATE DE EXECUTE	TO THE FUNERAL DIRECTOR: After this common man was a few and or be filed within 72 hours after death with the second of buriance.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF	HEALTH AND	MENTAL HYGIEN	E	33070		
1. DECEDENT'S NAME (First, Middle, Last)  VTNA	SHAFFER	CERTIFIC	CAIL OI	DEATH	2. DATE OF DEATH MONTH D	AY Y	3. TIME OF DEATH 92 10:00 A.M		
4. SOCIAL SECURITY NUMBER 232–44–8395 9a. FACILITY NAME (If not institution, give stre	5. SEX 6. AGE (In yr 1 M 2 X F 82	2 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) DEC. 12,	1909 W	BIRTNPLACE (State or Foreign Country) EST VIRGINIA		
4.535 HICKORY DRIV	•			OR LOCATION OF DI			MARY'S		
MARYLAND ST	MARY'S			SVILLE		T	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
4535 HICKORY DRIV				20659			U.S.A.		
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes,		NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.) ly:	s or No 14	Black, White, etc. Specify: WHITE		
15. DECEDENT'S EDUC. (Specify only highest grade of			ork done during i retired.)	TION most of working	16b. KIND OF BU		TRY		
Elementery/Secondary (6-12) 8 17. FATNER'S NAME (First, Middle, Last) TILDEN VAN METEI	R	NURSE'S	AIDE	20/2/20/20/20/20	HOSPI'  ME (First, Middle, Meider  RTHA EVANS				
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or Tox				
BONNIE SHAFFER PA	20b, PL			DRIVE _ N	MECHANICSV 20c. LC		MD. 20659 y or Town, State		
EDWARD N. BRINSFIR  23. PART I. Enter the diseases, or or	D. JR.	ÆRGREEN	BRIN P.O.	AND ADDRESS OF FA SFIELD FU BOX 279	CILITY JNERAL HOMI LEONARDIY	E, P.A.	ARYLAND 20650		
	list only one cause on each  Carroll  DUE TO (OR AS A CO  COYON QY	line.		,		nratory arrea	t, Approximate interval Between Onset and Deat		
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A CO	CLUSI	.5	Difeas	€.				
■ PART il, Other significant conditions	PART II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Levipherel (as culey D'Slasse, Hittme)  1 yes 2 No  1								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	int 3 DOA	OTHER:	PLACE OF DEATH (C	heck only one)  a  Other (Specify)				
27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. I	NJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED		
	25e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, at	treet, factory, of	fice	28f. LOCATION (Street City or Town, State		Rural Route Number,		
and and	CIAN: To the best of my knowledge: On the basis of examination ar								
29b. SIGNATURE AND TITLE OF CERTIFIER	(Alfina	ling Pl	ysician	29c. LICENSE NU	S87	29d. DATE !	SIGNED (Month, Day, Year)		

D. 7C POST OFFICE ROAD, WALDORF, MARYLAND
32. REGISTRAR'S SIGNATURE FUNDABLE

Julia Davidson Fundable

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

G. SHANKAR RATH, M.D.

'92

31. DATE FILED (Month, Day, Year)
NOV 2 4

9	Deec	and	2	Tel
DIVISION OF VITAL RECORDS, P.O. BOX 6	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the draft guident be exect	TO THE FUNERAL DIRECTOR: After this certificate has been signed to the property of the problem and	2 10	IMPORTANT: If item 28 is marked, or item 23 shows any inference traumati
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	12	12	2	=

	1. DECEDENT'S NAME (First, Middle, Las	st)							2. 0	ATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	ERMA ELIZABI	ETH SHE	WBRID	OGE					No	vember	19, 1	992	11:25 p	
	4. SOCIAL SECURITY NUMBER 218-24-8484	5. SEX		n yrs. last birth	RS. IF UNDER	DAYS	IF UNDER	MIN.	7. D	ATE OF BIRTH Worth, Day, Year) 18-03-19	928	a. BIRTI Court MD	HPLACE (State or Foreign ry)	
	Sa. FACILITY NAME (If not institution, give	e street and number)			96. CITY	r, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF E	DEATH	
DIRECTOR	Memorial Hospita	al	_		Cu	mber	land				A11	Allegany		
REC	10a. STATE 10b. COU			100	CITY, TOWN								10d. INSIDE CITY LIMITS?	
	MD A	llegany			Cumbe		nd LZIP COO	_					1X YES 2 □ NO	
FUNERAL	11630 Brehm Ro			101	215	_	10g. CITIZEN OUSA				WHAT COUNTRY?			
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.  1 Never Married 2 Married FORCES? 1 VES 2 X									HGIN? (Specify Y	es or No	14. RAC	E — American Indian, ik, White, etc.	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE					2 M NO			erto Rican, etc.)			white	
3	15. DECEDENT'S EI (Specify only highest gra			(Give kin	NT'S USUAL O	during ma	DN ast of worki	ng		16b. KINO OF B	USINESS/INC		40741	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	homemaker own home										
S	17. FATHER'S NAME (First, Middle, Last)						18. MOT			rst, Middle, Maide				
BE	Roy E. Davy	7		_						F. Cha				
2	19a. INFORMANT'S NAME (Type/Print)	مدالة أحدداه معاط								Number, City or To	wrs, State, Zip	Code)		
	Mr. John J. Sl	newbriage	206		mberla			2150		0. TT   200 I	OCATION	City on T		
	20a. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of camelory, crematory or other place)  Davis Memorial Cemetery 11-23 Cumberland, MD													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  7  CORP. 1/1, Scarpelli Funeral Home Cumberland, MD 21502													
	23. PART Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Allucturum arrest, with the conditions are consequence of:  Due to (or as a consequence of):  Sequentially list conditions											reet	Annoulmete	
	IMMEDIATE CAUSE (Fine) disease or condition	e. List only one car	use on éa	ich line.		the mo	de of dy	ing, suc	h as	cardiac or res		rest,	Interval Between	
EHILICATION	IMMEDIATE CAUSE (Fine) disease or condition	a. A DUE TO  b. OUE TO  c.	OR AS A	ich line.	CE OF):	the mo	de of dy	ing, suc	h as	cardiac or res		rest,	Interval Between	
ا پ	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to oue to	OF AS A OF AS A	CONSEQUENCE	CE OF):	the mo	V	rlo~	st as	e Lu	M AUTOPSY PRIMED?		Interval Betwee	
CIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the condition of th	a. DUE TO  b. OUE TO  c. DUE TO  d	OF AS A OF AS A	CONSEQUENCE	CE OF):  CE OF):  CE OF):	the mo	V	Ulo~	St. Part	e Lu  2 4a. WAS A PERF 1 YES	M AUTOPSY PRIMED?		Interval Betwee Onset and Dea Dea Onset and Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea	
اب	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the condition of th	a. Due to oue to	OR AS A O death bu	CONSEQUENCE CONSEQUENCE CONSEQUENCE TO TO TO THE PROPERTY OF T	CE OF):  CE OF):  CE OF):  CE OF):	the mo	g cause	CO (	Part	e Lu  2 4a. WAS A PERF 1 YES	M AUTOPSY PRIMED?		Interval Betwee Onset and Dea Dea Onset and Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea	
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are under the conditions of the condition	a. DUE TO b. OUE TO c. DUE TO d. HOSPITAL: 1   Impatient 2   28a. DATE Of (Month, L.	(OR AS A O death bu	CONSEQUENT CONSEQUENT CONSEQUENT At not result	CE OF):  CE OF):  CE OF):  CE OF):	26. Pt R: sing Hom 28. INJ WO	g cause	CO (	Part 6 0	L 24a. WAS A PERFC 1 U YES	N AUTOPSY PRMED?	244	Interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea	
BI PHISICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are successed in the condition of th	a. DUE TO b. OUE TO c. DUE TO d. HOSPITAL: 1   Inpelient: 2   28a. DATE O DUE T	OR AS A GOR A GOR A GOR A GOR A GOR A GOR A GOR A GOR A GOR A GOR A GOR A GOR A GOR A GOR A GOR A GOR A GOR A G	CONSEQUENT CONSEQUENT CONSEQUENT at not result	CE OF):  CE OF):  CE OF):  CE OF):  CIND IN THE UP  A TIME OF	26. Pt R: 28c. INJ 28c. INJ 1   1	g cause	CO (	Part  S G 28d.	I. 24a. WAS A PERFC 1 UYES	N AUTOPSY PRMED? 2 NO INJURY OC	24k	Interval Betwee Onset and Dea	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions in the condition of	a. DUE TO b. OUE TO c. DUE TO d	OR AS A OGRAS	CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT at not result  at not result  at home, fr	CE OF):  CE	26. Pt R: rsing Hom 28c. INJ tory, office	g cause	Control of the seldence of the	Part  28d.  28d.	I. 24a. WAS A PERFC 1 YES  DOTHER (Specify)  DESCRIBE HOW  LOCATION (Street City or Town, State	N AUTOPSY PRMED? 2 NO INJURY OC	CURED or Rural	Interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea	
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions in the condition of	b. DUE TO c. DUE TO d. Inpetient 2 (Month, Lean Duilding, VSICIAN: To the bast of all DUE TO the basis	OR AS A OGRAS	CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT at not result  at not result  at home, fr	CE OF):  CE	26. Pt R: rsing Hom 28c. INJ tory, office	g cause  G cause  G cause  G cause  G cause  G cause  G cause  G cause  G cause  G cause  G cause  G cause  G cause  G cause	Control of the seldence of the	Part  Part  28d.  28f.	I. 24a. WAS A PERFC 1 YES  DOTHER (Specify)  DESCRIBE HOW  LOCATION (Street City or Town, State	N AUTOPSY PRMED? 2 NO INJURY OC	CURED  or Rural  ted.  the cause(	Interval Betwee Onset and Dea	
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of	B. List only one call a. DUE TO b. OUE TO c. DUE TO d. LIONS CONTRIBUTING to lone contributing to 28e. DATE Of (Month, L) 28e. PLACE Contributions. 28e. PLACE Contributions. 28e. PLACE Contributions. 28e. PLACE Contributions. 28e. PLACE Contributions. 28e. PLACE Contributions. 28e. PLACE Contributions. 28e. PLACE Contributions. 28e. PLACE Contributions. 28e. PLACE Contributions.	OF AS A O (OR AS A O (	CONSEQUENT CONSEQUENT CONSEQUENT CONSEQUENT at not result sittent 3 D 286  At home, fi	CE OF):  CE OF):  CE OF):  CE OF):  CE OF):  CE OF):  CULTURY  M  Serm, street, fact  courred at the tall igation, in my co	26. Pt R: rsing Hom 28c. INJ tory, office	g cause  G c	given in	Part  Part  28d.  28f.  So this street	I. 24a. WAS A PERFC 1 YES  DOTHER (Specify)  DESCRIBE HOW  LOCATION (Street City or Town, State	N AUTOPSY PRMED? 2 NO INJURY OC	CURED  or Rural  ted.  the cause(	Interval Betwee Onset and Deal Onset	

TO THE HOSPITAL OR ATTENDING PHYSICIAN AND MINISTER AND A SECRET OF THE HOSPITAL OR ATTENDING PHYSICIAN.  TO THE FUNERAL DIRECTOR: After this within the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with Stute Der Western Health Hygiene prior to burial, cremation, or removal.  MPORTANT: If item 28 is marked, or item 28 shows any injury, or other traumatte event. The medical assumblant must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	JOSEPH CARL SABO  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)					92 9:05 P M			
	191 10 9522  9a. FACILITY NAME (If not institution, give s	1 X M 2 - F	79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-29-9	2 P	BIRTHPLACE (State or Foreign Country) ENNSYLVANIA			
E E	SACRED HEART HOS			96. CITY, TOWN C	OR LOCATION OF D	F DEATH Sc. COUNTY OF DEATH ALLEGANY					
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT			Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	VER			1. ZIP CODE		10g, CITIZEI	1 YES 2 NO			
FUNERAL	112 ANNE STR	EET			15005	S.A.					
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR E	2 NO	If yes, sp	CENDENT OF HISPA Healty Cubers, Mexic 5 200 NO Speci	NIC ORIGIN? (Specify Yan, Puerto Rican, etc.)	e or No — 14	. RACE — American Indian, Black, Whita, etc. Specify:			
ED BY	3 Widowed 4 Divorced		T "					WHITE			
ETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of Itte. Do NOT us	USUAL OCCUPATION work done during more retired.)	ON ost of working	16b. KIND OF B	Cappaign 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TRY			
P	Elementary/Secondary (0-12) College (1-4 or 5+)  12 College (1-4 or 5+)  PLANT WORKER  SIEEL  H.H.ROBERTSON C										
COMPLET	17. FATHER'S NAME (First, Middle, Leet)  18. MOTHER'S NAME (First, Middle, Maiden Surname)										
BE	JAMES SABO THERESA KRONSTEIN										
5	MARY (TRISKA) SABO 112 ANNE STREET - BADEN, PA										
	20a. METHOD OF DISPOSITION  1 of Burlai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Carbon State CAL VARY CEMETERY)  20c. LOCATION - City or Town, State FREEDOM, PA										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  GEORGE-UPCHURCH FUNERAL HOME, P.A.										
	Mendy D	bochuce	_	202	GREENE	ST., CUMB	ERLAN	D.MD 21502			
	23. PART I. Enter the seases, proshock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	d the desth. Do reach line.				piratory arres	t, Approximate Interval Between Onset and Death			
z		1									
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF	•							
CERTIFICATION	CAUSE (Disease or injury that initiated events	c. COR e	A CONSEQUENCE O	HEART	DISCO	SC					
F	resulting in death) LAST		LO AG								
	PART II. Other significant condition				a cause alven in	Part I. 24a. WAS A	MALITYDEV	24b. WERE AUTOPSY FINDINGS			
18	1/2	TES MEL		,,,,,			RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC		ONIC BG		EALLON	55.	1 163	2 (18 40	OF DEATH?			
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C						
HYS	1 VES 2 NO	t ☑ Inpatient 2 ☐ ER/Out	28b, TIM	E OF 28c. INJ		6 Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCUR	NED.			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WO	YES 2 NO						
COMPLETED B	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spe	f — At home, farm, s clfy)	street, factory, offic	9	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,			
片	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	riedge, death occurr	ed at the time, date	and place, and du	to the cause(s) and m	nner se stated				
No.								ause(a) and manner as stated.			
O											
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			IGNED (Month, Day, Year)			
O BE	D. B. SHAM,	MB-(MARYCO	/		29c. LICENSE NU D - 23			IGNED (Morith, Day, Year)			
TO BE		O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print) 1558							

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE CHAICDAL DIDECTION After this cardifficate has
	-	-

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART Certific	MENT OF I	HEALTH AND DEATH		YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, La  TOHN WAT TE					2. DATE OF DI	DAY	YEAR	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER  705-05-4396  9e. FACILITY NAME (If not Institution, glv	XX M 2 □ F	88 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		B-1904	BIRTH Country  MD	
СТОВ	Cumberland Nu				or Location of I	DEATN		lleg	
DIRE	MD A	llegany		mberla				0	10d. INSIDE CITY LIMITS? 1 P YES 2 NO
IERAL	13 Vermont Av	enue		10	21502			ZEN OF W	HAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 T NO	If yes, sp	CENDENT OF HISPA	en, Puerto Ricen,	cify Yea or No-	14. RACE	- American Indian, White, atc.
PLETED	15. DECEDENT'S E (Specify only highest gro Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo	ON ast of working		OF BUSINESS/IND		
COMPL	17. FATHER'S NAME (First, Middle, Last)		clerk			AME (First, Middle,		ilro	ad
TO BE	Andrew H. S.  190. INFORMANT'S NAME (Type/Print)  Mr. Charles A.						en y or Town, State, Zip	Code)	
	20e. METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	b. PLACE ANODATE OF metery, crematory or othe Sunset Men	DISPOSITION (Na	ame of		20c. LOCATION —		
	21. SIGNATURE OF FUNERAL SERVICE	7 MCa	sells	Sca	rpelli F berland	uneral	Home		
	23. PART I Enter the diseases, o shock, or heart fallur IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Careeno	a p	tate	de of dying, su	ch as cardiac o	r respiratory srn	eat,	Approximata Interval Batwee Onsat and Dest Months
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
MEDICAL C	PART II. Other significent conditions who	ons contributing to death teular Acce	out not resulting in	the underlying	g ceuse given in	,	NAS AN AUTOPSY PERFORMEO? YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C			<u> </u>	
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI	URY AT RK?		NOW INJURY OCC	VRED	
品	3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, term, stre- cify)	et, lectory, office		261. LOCATION City or Town	(Street and Number (	or Rurel Ro	ute Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNY 2 MEDICAL EXAMI	SICIAN: To the best of my know VER: On the basis of examination	riedge, death occurred a	t the time, data n my opinion, de	and place, end due	to the cause(e) e	nd manner ee stete	d. cause(e)	and manner ee stated.
8	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU	MBER		1	Month, Day, Year)
2	30. NAME AND ACCRESS OF PERSON W	a, JHMB Suite	101, Cum				,	( )	1
	31. DATE FILED (Month, Day, Year) NOV 2 0 1992	32. REGISTRAR'S SIGN	ATURE Randell						

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יסיים ביים ביים ביים ביים ביים ביים ביים	TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE TIME THE TIME THE TIME THE THE THE CHARLES DESCRIBED WITHIN 24 HOURS after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this centinears has been seemed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dear or health and sental Hygiere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 since per injury, or other traumatic event, the medical examiner must be notified at once.
S	quies that the death certificate be execu-	the strength of attending physician and mental hygiene prior to buri	bes any failury, or other traumatic
	TO THE HOSPITAL OR ATTENDING PHYSICIAN, The Im-	TO THE FUNERAL DIRECTOR: After this comments has man attending physician and completely filled in by the fi be filled within 72 hours after death with the State Death of Health and Aestral Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 sit

	FOR 1 STATE		STATE OF I							MENTAL HYGIEI	26	3.	3874
$\neg$	REGISTRAR			С	ERTIF	ICAT	E OF	DEAT	ГН	REG. NO	).		
	1. DECEDENT'S NAME (First									2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	ALICE O. S							1		11 1	7	92	14:10 P
			5. SEX	6. AGE (In yrs. is		IF UNDE	ER 1 YEAR	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
	234-38-951		1 M 2 X F		91 YRS.					08 19 0	1		" Md.
~	9a. FACILITY NAME (If not is		-			9b. CIT	TY, TOWN O	R LOCATIO	ON OF DE	EATH	9c. COUN	TY OF D	DEATH
0	FROSTBURG	HOSPIT	TAL			F	ROSTE	BURG		with the same	ALI	LEGA	NY
DIRECTOR	RESIDENCE OF DE	10b. COUNT	Y		10c, CIT	Y. TOWN	OR LOCAT	TION					10d. INSIDE CITY
H	Md.	Al	legany				stbu						LIMITS?
	10e. STREET AND NUMBER							. ZIP CODE	E		I son CITE	TEN OF I	WHAT COUNTRY?
FUNERAL	62 W. Co.		Ave.				10.	2153				S.A	
Z	11. MARITAL STATUS	rrope '	12. WAS DECEDEN	T EVED IN II S A	2450	12	uma DEC						
2	1 Never Merried 2 3 Widowed 4 Divi		FORCES? 1 IF YES, GIVE W	YES 2	NO	la,	If yes, spi	ecity Cuba 2 NO	n, Maxica	NIC OR/GIN? (Specify Year, Puerto Rican, etc.) y:	a or No-	14. RACI Blaci Spec	E — American Indian, k, White, atc.
COMPLEIED		CEDENT'S EDU			DECEDENT'S					16b. KIND OF BL	JSINESS/IND	USTRY	
	Elementary/Secondary (		College (1-4 or 5 or		(Give kind of v life. Do NOT us	se retired.)	)	St of World	ng .				
	12		2		Art	Tea	cher			Schoo	ls		
5	17. FATHER'S NAME (First, A									ME (First, Middle, Maide			
	Henry O	rt					/	1	nna	E. Hartig			
	19a. INFORMANT'S NAME (	Type/Print)		1	96. MAILING	ADDRES	SS (Street a	nd Number	or Rural i	Route Number, City or Tox	wn, State, Zip	Code)	
	Shirley S	Sloat		20 1 4	956	3 Cr	ester	lge,	Dal	las, Texas	7523	8	
	20a. METHOD OR DISPOSIT  1		ioval from State	20b. PLACE competery, cr	EAND DATE OF OR OR OR OR OR OR OR OR OR OR OR OR OR	OF DISPO	SITION (Na	me of		11/18 Sm	ocation — o		
	23. PAPA I. Enter that shock, or himmediate CAUSE (Fit disease or condition resulting in death)	neert tellure.	List only one cau	use on each lin	ne.	not ente	er the mo	de of dyi	ing, suci			-	Approximate interval Between Onset and Deati
CENTIFICATION	Sequentielly list condit if eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ediate YING Jury	c. DUE TO	(OR AS A CONSE	EOUENCE OF	F):							
THE SIGNAM. MEDICAL	PART II. Other algorifica	ent condition	is contributing to		resulting i			) cause (	jiven in		RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
2	25. WAS CASE REFERRED T	TO MEDICAL					26 DI	ACE OF D	EATH (C)	eck only one)			
	EXAMINER?	1,20	HOSPITAL:	7 50/0 to 1/4	2 ( 22)	OTHE	R:						
	27. MANNER OF DEATH	Pending	26e. DATE OF (Month, D		28b. TIM		28c. INJU			6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED	
	Accident  3 Suicide 6 Homicide	Could not be determined	28e. PLACE O building,	OF INJURY — At he etc. (Specify)	ome, ferm, s	street, fac			, 10	281. LOCATION (Street City or Town, Stete	end Number (	or Flural F	Route Number,
COMPLETED										to the cause(a) and ma			a) and manner as stated.
10 BE	29b. SIGNATURE AND TITLE	E OF CERTIFIER		10				29c. LICE	ENSE NUM	IBER 244	29d. DATE	SIGNED	(Month, Day, Year)

M.D., FROSTBURG PLAZA, FROSTBURG, MD. 21532 32. REGISTRAR'S SIGNATURE
Sina Saindson-Randelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. JESUS H. TAN, 31. DATE FILED (Month, Day, Year)

NOV 1 9 1992

		ges 1, 2, 3 should	
	White mental the death certificate be executed within 24 hours after death. Page 6 may be ratained by the hospital or attending physician.	the first three strength of the strength of the form o	
•	O THE HOSPITAL OR ATTENDING PHYSICIAN, The	O THE FUNERAL DIRECTOR; After this certified in a filed within 72 hours after death with the table of	
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT CATE				MENTAL	HYGIEI REG. NO			000,0
1	1. DECEDENT'S NAME (First, Middle, Last) HILL	DA REG	INA SMI	TH					2. DATE O		6	grean	3. TIME OF DEATH 10:01 A M
	4. SOCIAL SECURITY NUMBER 213-74-7432	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		F BIRTH Day, Year)	900	Counti	IPLACE (State or Foreign 7) Y LAND
TOR	9a. FACILITY NAME (if not institution, give s MEMORIAL HOSPITAI	,					RLANI		EATH			HTY OF DEGANY	
DIRECTOR	MARYLAND A	LLEGANY			Y, TOWN O								10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 1100 BEDFORD STI	REET				101	21	502			10g. CIT	U.S	VHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE N	T EVER IN U.S. AB YES 2 XI WAR OR DATES	MED NO	- 3	f yes, sp		n, Mexica	NIC ORIGIN? in, Puerto Ri 'y:		es or No-	14. RACI Black Spec	E — American Indian, k, White, etc. //y: WHITE
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (G	ive kind of Do NOT u		turing mo	st of worki	_			JSINESS/IN		
COMPL	O 17. FATHER'S NAME (First, Middle, Last) WILLIAM T. VALE	NTT ME	TATO	r rk.	<u> </u>	or S	18. MOT	HER'S NA	ELECT	ddle, Maide	n Surname)	EL	ECTRIC SUPPL
TO BE	19a. INFORMANT'S NAME (Type/Print) VIRGINIA L. SMITT						nd Numbe	or Rural	E AGN	r, City or To	wn, State, Zij		
	20a, METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Rem. 4 Donetton 5 Other (Specify)		20b. PLACE Cometery, cre SUNS	AND DATE	OF DISPOS	ITION (Na	me of		DATE	20c. L	OCATION —	City or To	O 21502 wn, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE AND	Meni	X	BT O	22. MF	RRI'	TT-A	SS OF FA	FUNE	RAL I	HOME		MARYLAND
CERTIFICATION	23. PART I. Enter the diseases, prospective in the process of the	DUE TO	(OR AS A CONSEC	QUENCE O	S F1: 2251 F1:	for a constant of the mo	de of dy	Ing, suc	th as cardi	ac or res	piratory ar	rest,	Approximate interval Between Onset and Death
CERT	PART II. Other significant condition	d.	death but not a	J V	5	dodulac		olius In	Dord I		N ALITOPSY		
N: MEDICAL							, cause	, , , , , , , , , , , , , , , , , , ,	- 1		RMED?		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	l:			6 Cher				
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E		28b. TIM		28c. INJI WO					INJURY OC	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE Coulding.	FINJURY — At ho atc. (Specify)	me, farm,	street, fact	ory, office				TON (Street Town, State		or Rural F	Boute Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSI 2 MEDICAL EXAMINE												) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH						29c. LIC	766	MBER				(Month, Day, Year)
	Vic Poonai M.D.,	P.O. Box	338, Ct	umbe 1	land	, MI	) 21	501					
	NOV 1 7 1992	giha Dain	AN'S SIGNATURE	12									

BALTIMORE, MARYLAND 21215-0020	EMEGATING WITHIN 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and comparing filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
(68760,	executed within	and completely filled in by the

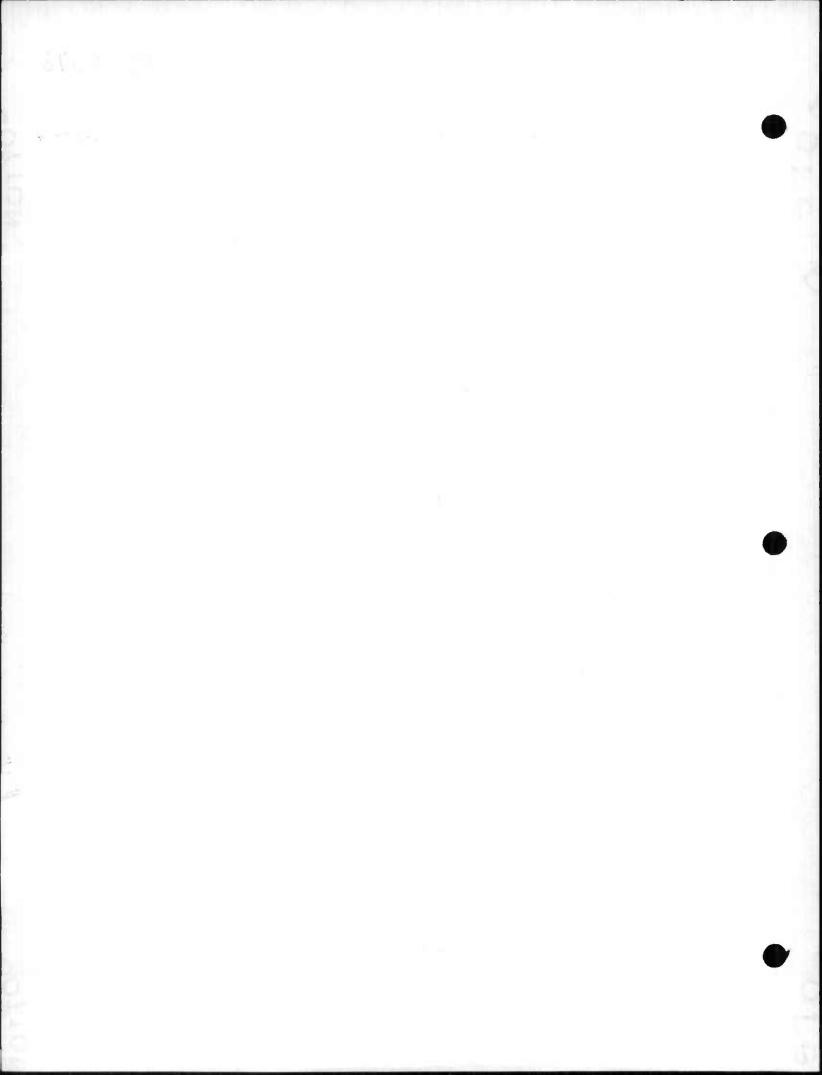
in the death certificate be see med by the attending physicism at the first of the property of the pro-TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificate is be fried within 72 hours after death with the State important: if item 28 is marked, or item

ECORDS, P.O. BOX 68760,

DIVISION OF VITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MAR	YLAND / DEPART CERTIFI	TMENT OF HE	ALTH AND ME DEATH	ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Leat)  RICHARD WHITE TREVAS				DAYE OF DEATH MONTH DAY	Y YEA	3. TIME OF DEATH
	212 54 8430 →XM2□F	NGE (In yrs. last birthday) 77 YRS.		IF UNDER 24 HRS. 7.	3-12-191	6.8	BIRTHPLACE (State or Foreign MD
TOR	9e. FACILITY NAME (If not institution, give street and number)  SACRED HEART HOSPITAL  RESIDENCE OF DECEDENT		9b. CITY, TOWN OR CUMBERI	AND MD		9c. COUNTY C	
DIRECTOR	10e. STATE 10b. COUNTY MD Allegany	124	Cumber.				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 115 Luteman Road			21502		10g. CITIZEN USA	OF WHAT COUNTRY?
Æ	11. MARITAL STATUS  1  Never Married 2  Married  3  Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1  YE WAS DECEDENT. EVER FORCES? 1  YE WAS DECEDENT. EVER FORCES? 1  YE WAS DECEDENT. EVER FORCES? 1  YE WAS DECEDENT.	YES 2 NO	If yes, speci	NDENT OF HISPANIC (Hz. Cuban, Mexican, F	ORIGIN? (Specify Yes Puerto Rican, etc.)	- 1	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +) 5 +	(Give kind of w	usual occupation work done during most be retired.) niatrist		166. KIND OF BUSI	41.5012-12-12-1	RY
BE CON	17. FATHER'S NAME (First, Middle, Last) Richard White Trevaski	sr.	1		(First, Middle, Meiden S	Sumame)	
10 8	Mrs. Marion H. Trevaskis				erland, M		
100	1   Burlel 2 \(\triangle \text{Cremation 3   Removal from State}\) 4   Donation 5   Other (Specify)	20b. PLACE AND DATE OF	Cemetery	1	1-18 Ma		or Town, State burg, WV
CAST	21. BIGHATURE OF FUNERAL SERVICE LICENSEE	well	_ Cumbe	erland, M			
CERTIFICATION	23. PARTY Enter the diseases, or complications that caushock, or heart feilure. List only one cause of iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	letera	MAN	e of dying, such a		atory arrest,	Approximate Interval Between Onset and Death
CERTIF		AS A CONSEQUENCE OF	):				
MEDICAL	PART II Other significant conditions contributing to death	h but not resulting in	evere		PERFORM 1 VES 2		24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	EXAMINER? HQSPITAL:		OTHER:	5 Residence 6			
ВУ РНУ	27. MANNER OF DEATH    Solution   Solution   28a. DATE OF INJUS (Month, Day, Year   1.00   1.	RY 28b. TIME	E OF 28c. INJUR URY WORK	TY AT 28	Id. DESCRIBE HOW IN	JURY OCCURE	D
0		URY — At home, farm, st Specify)	treet, factory, office	28	H. LOCATION (Street ar City or Town, State)	nd Number or Ru	ural Route Number,
COMPLET	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the bast of my known one)  2 MEDICAL EXAMINER: On the bast of examinal						use(e) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER	rusm		DU7(	35	29d. DATE SIG	INED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DR. VICTOR E. MAZZOCCO, M.I	D., 912 SE	TON DRIVE	E, CUMBER	LAND, MD	21502	
	NOV 1 8 1992 Julia David	Idson-Randall	٢				



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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 13 1992 11 16:45 P M ELIZABETH STEELE TIMNEY 4. SOCIAL SECURITY NUMBER 5. SEX a, BIRTHPLACE (State or Foreign 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. July 14 1914 1 □ M 2 X€ 78 YRS. 216 07 2784 Maryland use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL ALLEGANY CUMBERLAND, MARYLAND 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Allegany Lonaconing 1 XES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 19 Beechwood St. 21539 U.S.A. nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES ₹XXNO 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie Specify: IF YES, GIVE WAR OR DATES 1 TES ZONO ВУ Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 10 Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homema ker detached N7a Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Andrew Steele director, page 5 should be K Elizabeth Todd BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Elizabeth Webster 8410 Kings MeaDE Way Columbia Md. 21046 9 20s. METHOD OF DISPOSITION
1XD purisit 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Sunset Memorial Park 11/16/92 Cumberland Md. examiner 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Boal-Warnick Funeral Home 41 Main St. Lonaconing, Md. 21539 nding physician and completely filled in by the Hygiene prior to burlal, cremation, or removal, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition DUE TO (OR AS A CONSEQUENCE OF): treest resulting in death) event, REMIA traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING STAGE END CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO BEMOTE CARCINOMA COMPLETION OF CAUSE 1 TYES 2 OK NO OF DEATH? REFLUX NEPHRO-1 TYES 2 NO PHYSICIAN: PECTHY has be Dept. JERRY 23 25. WAS CASE REFERRED TO MEDICAL Item 28. PLACE OF DEATH (Check only one) this certificate h **EXAMINER?** HOSPITAL:

UK Inpetient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) the 6 27. MANNER OF DEATH 26a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending investigation 1 YES 2 NO DIRECTOR: After to hours after death item 28 is mari BY death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER (Check only one)

29 | MEDICAL EVAMINES: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho IMPORTANT: If its 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner ee stated. الع 296. SIGNATURE AND TITLE OF CHITCHER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE MEDICAL DOCTOR 10Ber 1231875 111 14 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROBERT WELIK, M.D. 902 SETON DRIVE CUMBERLAND, MD. 21502 5 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18cc. 92

MIAL RECORDS, P	W. The law makings that the death	
DIVISION OF MTAL	TO THE HOSPITAL OR ATTENDING PHYSICIN	The thirty bibetter the thirty of the thirty

BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2X NO	e B	yes, speci	HOENT OF HISPAN Hy Cuban, Mexica NO Specify	n, Puerto Rican.	ecify Yes or No-	Black,	American Indian, White, etc.
ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kin	ENT'S USUAL OC nd of work done of VOT use retired.)	CUPATION uring most	of working		OF BUSINESS/IN	DUSTRY	win ce
COMPL	17. FATHER'S NAME (First, Middle, Last)		non	memaker	13		ME (First, Middle	own home  Melden Sumame)	-	
TO BE	Gideon B. Sn 190. INFORMANT'S NAME (Type/Print)			Amanda Crider  19b. MAILING ADDRESS (Street and Number or Rural Route Mumber, City or Town, State, Zip Code)  Artemas, PA						
	Mr. Hobert W.  20e. METHOD OF DISPOSITION  1 VI Burlel 2 Cremation 3 Rer  4 Donation 5 Other (Specify)	2	Ob. PLACE AND D	DATE OF DISPOSI	TION (Name	netery	0ATE	20c. LOCATION — Cumbe		
LA CONTRACTOR OF THE CONTRACTO	21. SIGNATURE OF FUNERAL SERVICE L		201/	// , 22.1	Scarp	ADDRESS OF FA	neral	Home	TIGIA	, 145
AEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS	S A CONSEQUENCE	eligh.	6	n_				Onset and Do
	PART II. Other significant condition	na contributing to death	but not result	ting in the un	derlying o	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	6	VERE AUTOPSY FINDS MALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utantiant a C Bu	OTHER	:	CE OF DEATH (Ch		- M -		
SICI/	1 TYES 2 NO	I I S I I S I S I S I S I S I S I S I S	nibetietit 2 🗆 Di	OA   4   Nuns	na Home	5   Residence				
TED BY PHYSICIAN:	1 YES 2 NO  27. MANNEB OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJUR (Month, Day, Year	Y 286	b. TIME OF INJURY	28c. INJUR WORK	Fresidence TY AT (?? S 2 NO		E HOW INJURY OC	CURED	

is that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL MECORDS, P.O. BOX 68760,

ment by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and mental Hygiene prior to burial, cremation, or removal. for any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYS CHANNE TO THE FUNERAL DIRECTOR: After this cerminals be filed within 72 hours after death with me Siver IMPORTANT: If Item 28 is marked, or liver

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
	2 DATE O	E DEATH

	OMIL OF III	ARYLAND / DE CER		E OF DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, LI EUGENE HAM]		NS			MON		21 199	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 214-20-9814  9a. FACILITY NAME (If not institution, g	1 M 2 D F	6. AGE (In yrs. lest bin	YRS. MONTHS	R 1 YEAR IF UNDER 24 H DAYS HOURS MI Y, TOWN OR LOCATION O	IN. (Mo MAR	E OF BIRTH nth, Day, Year) CH 31 1		BIRTHPLACE (State or Foreign Country)  MARYLAND  OF DEATH		
PATUXENT RIVER 1	NAVAL STATI	ON HOSPIT		ATUXENT RI						
MARYLAND ST.		10	C. CITY, TOWN	GTON PARK	10d. INSIDE CITY LIMITS? 1 YES 21 NO					
100. STREET AND NUMBER 339 MIDWAY DRIV	π.			10f. ZIP CODE				OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO AR OR DATES	13	WAS DECENDENT OF H	20653 UNITED STATES  NOENT OF HISPANIC ORIGIN? (Specify Yes or No— ifly Cuban, Mexican, Puarto Rican, etc.)  X NO Specify: WHITE					
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		6b. KIND OF BU		TRY						
17. FATHER'S NAME (First, Middle, Lest,	)	ELEC	TRONIC	TECHNICIAI		U.S. C		ÆNT		
CARL E. WILKINS	5				111.200	TERMAN	,			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete,								
JOYCE W. WILKINS  339 MIDWAY DRIVE, LEXINGTON PARK, MARYLAND 20653  208. METHOD OF DISPOSITION  20b. PLACE AND GATE OF DISPOSITION (Name)  OATE 20c. LOCATION — City of Town, State										
20b. PLACE ANO OATE OF DISPOSITION (Name of the property of the place)  1 M Burlai 2 Cremetion 3 Removal from State  4 Denetion 5 Cother (Specify)  20b. PLACE ANO OATE OF DISPOSITION (Name of the place)  1 M ACULATE HEART OF MARY 11/24 LEXINGTON PARK MD										
21. SIGNATURE CIT. GINERAL SERVE	BRINSPIELD			. NAME AND ADDRESS (		BRINSF 59 N.	IELD F	UNERAL HOME GTON STREET MARYLAND 206		
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Cause (Disease or injury that initiated events resulting in death) LAST  Onset and Death  Probable Acute  Myocardial Infection  Due to (or as a consequence of):  Due to (or as a consequence of):										
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSEQUE	INGE OF).	M	you	andia	11,	rfasion -		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	OR AS A CONSEQUE	INCE OF):			24a. WAS AN	I AUTOPSY	24b. WERE AUTOPSY FINDING		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEQUE	INCE OF):				AUTOPSY RMED?			
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond	b. DUE TO ( c. DUE TO ( d	OR AS A CONSEQUE	ince of):	inderlying cause give	en in Part i.	24a. WAS AN PERFO!	AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent cond  25. WAS CASE REFERRED TO MEDICAEXAMINER?  1 DES 2 NO	b. DUE TO ( c. DUE TO ( d	OR AS A CONSEQUE	ENCE OF):  uiting in the t	anderlying cause give 28. PLACE OF DEAT R: unsing Home 5	H (Check only	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO ( c. DUE TO ( d. DUE TO ( d. LITIONA CONTRIBUTING TO ( 1 LITIONA CONTRIBUTING TO ( 1 LITIONA CONTRIBUTING TO ( Month, De	OR AS A CONSEQUE	DOA OTHI	28. PLACE OF DEAT  ER: uraing Home 5   model  28c. NJURY AT WORK?  1   YES 2   N	en in Part i.	24a. WAS AN PERFO! 1  YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	b. DUE TO ( c. DUE TO ( d. DUE	OR AS A CONSEQUE	DOA OTHI	28. PLACE OF DEAT  ER: uraing Home 5   model  28c. NJURY AT WORK?  1   YES 2   N	H (Check only	24a. WAS AN PERFO! 1 YES : one) ther (Specify) DESCRIBE HOW	I AUTOPSY RMED? 2 150	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent cond  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1	b. DUE TO ( c. DUE TO ( d. DUE TO ( d. DUE TO ( d. DUE TO ( d. DUE TO ( d. DUE TO ( d. DUE TO ( DUE TO	OR AS A CONSEQUE  OR AS A CONSEQUE  death but not reat  ER/Outpatient 3   INJURY 2  F INJURY — At home, atc. (Specify)  my knowledge, death	DOA OTHI DOA 4 NIME OF INJURY M, farm, street, is	28. PLACE OF DEAT  R: ursing Home 5   held  28c. INJURY AT  WORK? 1   YES 2   N  ctory, office	H (Check only nees 6 0 28d, 5 0 28l, 6 c)	24a. WAS AN PERFOI 1 YES: one) 1 YES: one) OCATION (Street How Town, State	INJURY OCCUR	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigat 2 Accident Investigat 3 Suicide 6 Courld no determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXA  29b. SIGNATURE AND TITLE OF CERTIFIER CHECK OF CERTIFIER (Check only one) 2 MEDICAL EXA	b. DUE TO ( c. DUE TO ( d. DUE	OR AS A CONSEQUE  OR AS A CONSEQUE  DEPLOY THE CONSEQUE  ER/Outpatient 3   INJURY 2  INJURY 2  Trinjury At home, atc. (Specify)  my knowledga, death tramination and/or inve	DOA OTHIS DOA 4 N  OTHIS OCCURRED OF INJURY M  Term, street, to occurred at the patigation, in my	28. PLACE OF DEAT  R: ursing Home 5   held  28c. INJURY AT  WORK? 1   YES 2   N  ctory, office	th (Check only been 8 0 0 28d, 5 0 28d, 5 0 c c c c c c c c c c c c c c c c c c	24a. WAS AN PERFOI 1 YES: one) 1 YES: one) OCATION (Street How Town, State	INJURY OCCUP	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent cond  25. WAS CASE REFERRED TO MEDICAEXAMIMER?  1 DES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigat  2 Accident Investigat  3 Suicide 6 Courld not determine  29a. CERTIFIER (Check only one) 2 MEDICAL EXA  29b. SIGNATURE AND TITLE OF CERTIFY O	DUE TO ( c. DUE TO ( d. DUE TO	OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  DEPLOY TO THE CONSEQUE  ER/Outpatient 3   EN/Outpatient 3   EN/Out	DOA OTHI DOA INTERPORTED IN THE OF INJURY M occurred at the settletion, in my	28. PLACE OF DEAT  ER: unsing Home 5   need  28c. NJURY AT WORK? 1   YES 2   N  ctory, office	H (Check only make 6 0 0 281. L 0 0 281. L 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24a. WAS AN PERFOI 1 YES:	INJURY OCCUR and Number or miner as stated, and due to the c	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  cause(a) and manner as stated.  SIGNED (Month, Des. Year)		

TO BE COMPLETED BY FUNERAL DIRECTOR	CIAN: MEDICAL CERTIFICATION	0
examiner must be notified at once.	m a thorn of injury, or other traumatic event, the medical examiner must be notified at once.	E
e ment account withe attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 to the first account of the first permit and the first permit account.	The best second the attending physician and completely filled in by the complete of the attended of removal	9 2
death. Page 5 may be retained by the hospital or attending physician.	he produces my the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	=

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND N	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle	i, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
- 3	Paul E	Benjamin Wis	se, Sr.			November	19,1992	1:45 P. M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	NPLACE (State or Foreign					
j	577-14-8810		75 YRS.	CITY, TOWN C	R LOCATION OF DE	Sept. 12,	1917 M	Maryland			
NO.	River Spring	Road		Ave		St. Ma					
DIRECTOR	RESIDENCE OF DECEDE	COUNTY	too CITY TO	OWN OR LOCAT	ION			Last many			
	Maryland	St. Mary's		venue	ION			10d. INSIDE CITY LIMITS?  1 YES 2 🔯 NO			
	10s. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT CO  10 SON 60  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No) 14. RACE — AN										
2											
FUNERAL											
	1 Never Married 2 Marrie	EOBORGO 4 VCO	2 NO	If yes, spi		, Puerto Rican, etc.)	Blac	ck, White, etc.			
BÁ	3 Midowed 4 Divorced	I WW II			<b>Q</b> (			White			
COMPLETED	15. DECEDENT (Specify only higher		16a. DECEDENT'S USL (Give kind of work	done during mo.	N at of working	16b. KIND OF BUS	INESS/INDUSTRY				
١٣	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use rel			11 6	Governme	n+			
ž l	8th Grade 17. FATHER'S NAME (First, Middle, L	eet)	Carpe	nter				3110			
	Thomas		Wise		Frances	NE (First, Middle, Maiden		ona			
BE											
임											
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town. State										
- 1	4 Densition 5 Other (Specify) Sacred Heart Cemetery 11/23/92 Bushwood, Maryland										
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Mattingley-Gardiner Funeral Home, P.A.										
_	Muchael	A Spelinie	5								
	23. PART f. Enter the disease	s, or complications that cause	d the death. Do not	entar the mo	ds of dying, auch	Leonardtow	retory strest.	Approximate			
	ahock, or heart fa	allure. Liet only one cause on e	each line.				,	Interval Batween Onset and Death			
1	disesse or condition resulting in death)	PANE	REATIC	CA	PCINIC	ma		0.000 0.00 0.00			
	resulting in usath)	DUE TO (OR AS	A CONSEQUENCE OF):	- 7.	·cerio c						
z	Sequentially flat conditions,	h									
CATION	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):								
윤	CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF):								
RTIF	resulting in dasth) LAST	4						i			
S		d									
4		nditions contributing to death i	out not resulting in th	ne underlying	csuse given in F	Part 1. 24e. WAS AN		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
PHYSICIAN: MEDIC	Live	n MeTAS	14117			1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?			
Σ						_ '		1 TYES 2 NO			
A P	25. WAS CASE REFERRED TO MEDI	CAL									
2	EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Che						
¥ I	27. MANNER OF DEATN	1   Inpatient 2   ER/Out	28b, TIME OF	Nursing Nom-	<del></del>	28d. DESCRIBE NOW IF	I III DV OCCUBED				
	1 Natural 5 Pendin	g (Month, Day, Year)	INJURY	M 1 V	RK?	200. DESCRIBE NOW IF	JUNI OCCURED				
BY	2 Accident Investig	28e. PLACE OF INJURY	/ At home, ferm, stree			28f. LOCATION (Street a	nd Number or Rural	Route Number,			
COMPLETED	4 Nomicide determi		City)			City or Town, State)					
2	29a. CERTIFIER (Check only	PNYSICIAN: To the best of my know	riedge, death occurred at	the time, date	and place, and due t	o the cause(a) and man	ner as stated.				
S		KAMINER: On the basis of examination						(a) and manner as stated.			
Ü	296. STONATUPE AND TITLE OF CE	ятіғіяй)			28c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)			
0 8	hus	1 Jm Ham	0		1142	45		20-92			
ř	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prin	()	19		• 1				
}	William Boyd,		Leonardtow	m, Mar	yland 20	650					
	31. DATE FILED (Month, Day, Year)	92 32. RESISTRAR'S SIGN	Son-Randall								
	HUVL	June Print									

v = valid to val K

Fig. 14 × 82

were profession as

BALTIMORE, MARYLAND 21215-0020	L. OR ATTENDING PHYSICIAN THE CONTROL OF THE CONTRO	DRECTOR. After this certification is a standard by the attendand and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	in the regression me death certificate be executed within 24	has been sured by the attending physician and completely fil
DIVISION OF VITA	L OR ATTENDING PHYSICIAN TH	DIRECTOR: After this certification

by the attending physician and completely filled in by the runeral orientor, page is arrown or income. It and Mental Hydrine pilot to burial, cremation, or removal.

The modified and orientation of the modified examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN. TO THE FUNERAL DIRECTOR: After this certified to filed within 72 hours after death with the SHAPORTANT: If Item 28 is marked, ser item?

	1 - STATE REGISTRAR	27,28f	PER MEO G- STATE OF I	MARYLAND	6/92 re / DEPAI ERTIF	RTMENT	T OF H	IEALTH DEA	AND I	MEN.	TAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First	, Middle, Last)				-					ATE OF DEATH		YEAR	3. TIME OF DEATH
	SKYE			L.			WH	ITE					992	6:30 A M
	4. SOCIAL SECURITY NUMBER 1000 NONE	BER	5. SEX	8. AGE (In yrs. 1	lest birthday) YRS.	IF UNDER	DAYS	#F UNDE	MIN.	7. DA	TE OF BIRTH	91	B. BIRTH	PLACE (State or Foreign y)
_	Ba. FACILITY NAME (If not in	natitution, give :	street and number)			96. CITY, TOWN OR LOCATION OF DEATH						9c. COU	NTY OF D	EATH
CTOF	MEMORIAL RESIDENCE OF DEC	CEDENT				CUMBERLAND						ALI	LEGA	NY
DIRECTOR	MD	10b. COUNT	v Legany				y, town on Location umberland							10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 800 Maryl	cyland Avenue					101	215					IZEN OF W	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 X Never Married 2  3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	NO		If yes, sp	ecity_Cubi	OF HISPAN an, Mexica Specify	n, Puer	IGIN? (Specify Yes rto Rican, etc.)	or No-	Black	- American Indian, , White, atc.	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							DUSTRY						
COMPLETED	Elementary/Secondary (0 n/a		College (1-4 or 5		Me. Do NOT u	none							n/a	
BE CO	17. FATHER'S NAME (First, M William		e, Jr.					18. MOT			Sue Sta		ngs	
5	190. INFORMANT'S HAME (1		lings		1 008	Mary]	s (Street a Land	Ave	or Rural F	Cum	tumber, City or Town berland	n, State, Zip	2150	)2
1	Tampla S. Stallings  800 Maryland Avenue Cumberland, MD 21502  20s. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal from Stata 4 Donatton 5 Other (Specify)  1 DATE Cumberland, MD  20b. PLACE AND DATE OF DISPOSITION (Name of Land Cumberland)  1 DATE Cumberland, MD									wn, State				
	21. SIGNATURE OF FUNERA		CENSEE		11		NAME A	NO ADDRE	SS OF FA					
	Hone	277	/ Aca	pl	<u>lli</u>		Cumb	perla	and,	MD	ral Home 21502			
	23. PART is Enter the dishock, or himmediate Cause (Firdisease or condition resulting in death)	eart failure.	Complications the	ise on each li	death. Do			,			ardiac or reapl	ratory an	reat,	Approximata interval Between Onset and Death
NOI	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):													
2	PART II. Other significe	nt condition	as contributing to	deeth but not	reculting.	In the co			-6 lo	D. A.I.			1	
MEDICAL		9010101	to contributing to		resuming	m the tr	-	g cause	given in		24a. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF E	EATH (Che	ck only	y one)			
YSI	1 X YES 2 NO		1   Inpetient 2			4 🗆 Nur		6 5 R	esidence	6 🗆 0	ther (Specify)			
	27. MANNER OF DEATH	Pendina	28a. DATE OF (Month, D		28b. TIN	IE OF JURY	_	RK?		28d, I	DESCRIBE HOW II	NJURY OC	CURED	
B	2) Accident	Investigation		9-1992 FINJURY - ALI		0A"	1 🗆 1	X	XNO	V	CTIM (	)F H	OUSE	FIRE
ETED		Could not be determined	building,	etc. (Specify)	HOME		ory, ome			86	MAR	LAN	D av	Oute Number, MD  7 e / ALLEGAN
COMPLETED			ICIAN: To the best of ER: On the basis of a											) and manner as stated.
BE	290. SIGNATURE AND TITLE	PO AN	n l	01.	t. w	72			M . I					(Month, Day, Year) ) — 1992
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED ON				C+				dmaa			
	31. DATE FILED (Month, Day,			R'S SIGNATURE			SUL	eet	, B	ŢΤr	imore,	ма	ryla	and 21201
	1101	2 3 199	16 Cular	Tavidson-1	jandelle	-				_				

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The second of the hospital of the hospital	TO THE FUNERAL DIRECTOR: After this certificate national by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the State Dec. of the filed within 72 hours after death with the filed within 72 hours after death with the filed within 72 hours after death within 72 hours af	IMPORTANT: If Item 28 is marked, or Item 42 and India, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE IN- INQUITE ITAL	TO THE FUNERAL DIRECTOR: After this certific The filed within 72 hours after death with the Site December 1	IMPORTANT: If Item 28 is marked, or Item 62 charactery

DR. ANGEL ROQUE,
31. DATE FILEO (MONTH, Day, Near)
NOV 2 0 1992

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR	TMENT O	F HE	EALTH DEAT	AND I	MENTA	L HYGIEN		_	000	UL
	1. DECEDENT'S NAME (First	,	7 5 7							2. DATI	E OF DEATH		9 ŽEAR	3. TIME OF 1	DEATH A
	4. SOCIAL SECURITY NUMBER 015 30 7094	DER	5. SEX 1   M 2   TF	8. AGE (In yrs. Is	st birthday) YRS.	IF UNDER 1 Y	_	IF UNDER	24 HRS.	7. DATE	of BIRTH			HPLACE (State	or Foreign
OR	99. FACILITY NAME (If not in SACRED HEAD	RT HOS	The second second			9b. CITY, TOWN OR LOCATION OF DEATH  CUMBERLAND  ALLE						DEATH	•		
DIRECTOR	PRESIDENCE OF DEC	10b. COUNT	LLEGANY		10c. CITY, TOWN OR LOCATION WESTERNPORT					T				10d, INSIDE V LIMITS?	
FUNERAL	100. STREET AND NUMBER	36 SPR	UCE STRE		101. ZIP CODE 2156:					52		10g. CITI		WHAT COUNTE	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE			YES 2 K	RMED NO	If yo	s, spec	Hy-Cuba	of HISPAN n, Mexica Specifi	n, Puerto	N? (Specify Yee Ricen, etc.)	or No—	14. RAC Biac Spec	E — Americen k, White, atc.	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)			(C	live kind of Do NOT u	USUAL OCCU work done during retired.)	ng most	of working		16	b. KIND OF BUS	SPIT			
BE COME	UNKNOWN  17. FATHER'S NAME (First, Middle, Lest)  JULES KWEDOR					THEIL CAR			HER'S NA		Middle, Meiden CES PIN	Surneme)			
TO B	190. INFORMANT'S NAME (Type/Print)  ALBERT WHETZEL					MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 436 SPRUCE ST. WESTERNPORT, MD 21562						62			
	20e. METHOD OF DISPOSIT  1	on 3 🗆 Rem (Specify)		20b. PLACE competery, co				11	-21-	-92	BAF	RTON	2011.0	MD	
	· Wa	rya	150	al			111	CHU	RCH	ST.		ERNPO	RT,	NERAL MD 215	
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, enterty and between the disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Approximata Interval Between Onset and Death  Onset and Death									l Between					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.														
CERTIF	that initiated eventa resulting in deeth) LAS	·	d	(OR AS A CONSE	OUENCE U										
7	PART II. Other significe	nt condition	a contributing to	deeth but not	reaulting	In the under	rlying	ceuse (	jiven in	Part I.	24s. WAS AN PERFOR 1 TYES 2	MED?	246	MERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?  1 YES 2	OF CAUSE
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpetlent 3	B DOA	OTHER:			EATH (Ch						
ву рну		Pending Investigation	28e. DATE OF (Month, E	Nay, Year)		E OF 26-	work	RY AT			SCRIBE HOW II	NJURY OC	CUREO		
	4 Homicide	Could not be determined	building,	of INJURY — At he atc. (Specify)						City	CATION (Street e or Town, State)			Route Number,	
COMPLETED			CIAN: To the best of R: On the beele of e											s) and manner	as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  10 19 9 2  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
	The Abblicas of			OF OF PENIU (IIE	- er j rype	· inul									

M.D., 48 TARN TERRACE, FROSTBURG, MD 21532

Single-Fred Land Committee

DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The faw requires the manner of the concurrent of the FUNERAL DIRECTOR: After this certificate has been stored by intermedian and completely fill be filled within 72 hours after death with the State Dept. of Hearth and the property of t

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FOR 1 STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	HEGISTRAN				CENTIF	ICALE	OF DEA	AI FI	RI	EG. NO.		
	1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF D	DAY		3. TIME OF DEATH
	CATHERINE M.				WEASENFORTH November						1 Q Q 2	
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.								RTHPLACE (State or Foreign
	234-48-3333		1 M 2 F		YRS.		DAYS HOURS		(Month, De	1934	Co	untry)
1	9a. FACILITY NAME (# not h			58								
000						9b. CITY, TOWN OR LOCATION OF DEATH					c. COUNTY O	F DEATH
0	Memorial	Hospit	al			Cumb	erland				Alleg	any
ြည	RESIDENCE OF DEC	10b. COUNT	v		100 017	10c. CITY, TOWN OR LOCATION						
DIRECTOR	. 110,000				200							10d. INSIDE CITY LIMITS?
	MD	AI.	legany		Rawlings,							1 TYES 2 X NO
₹	10a. STREET AND NUMBER						10f. ZIP CO	DE		. 1	0g. CITIZEN O	F WHAT COUNTRY?
1 111	18617 McM	Mullen	Highway				215	557			USA	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13. W	S DECENDENT	OF HISPAN	VIC DRIGIN? (Sp	ecify Yes or	No- 14. R	ACE — American Indian,
	1 Never Married 2 X	Married	IF YES, GIVE V	YES 25	Z]NO		es, specify Cu		n, Puerto Rican	, etc.)	В	leck, White, etc. pecify:
BY	3 Widowed 4 Divo	proed				''		op.			"	white
COMPLETED	15. DEC	EDENT'S EDU	ICATION	16a,	DECEDENT'S	USUAL OCC	UPATION		16b. KINI	D OF BUSIN	ESS/INDUSTR	Υ.
ш	Elementary/Secondary (f	y highest grade	College (1-4 or 5		(Give kind of Itle. Do NOT u	work done dui se retired.)	ing most of wor	king				
급	unknown			' l	homer	naker			1 .	own h	ome	
8	17. FATHER'S NAME (First, N	liddle, Lest)			11041404		10.00	THER'S NA	ME (First, Middle			
							To. M.C					
BE	LOV T								el M. K			
ဥ	A STATE OF THE PARTY OF THE PAR	,,							Route Number, C.			
	Mr. Donal		senforth					Iiqhwa	ay Rawl	ings	MD 2	1557
	20a, METHOD OF DISPOSIT 1 → Burial 2 ☐ Crematic		oval from State	20b. PLA	CE AND DATE	DF DISPOSITI	DN (Name of		OATE	20c. LOCAT	TION — City or	r Town, State
	4 <sup>th</sup> Donation 5 □ Other	(Specify)		Res	-lawn	Memor	ial Ga	rdens	11-15	La	Vale,	MD
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE		11	22. NA	ME AND ADDE	RESS OF FA	CILITY			
	D/ /0 0		Man	- 4-1	11.				neral			
	Jone.	7 7	NOW	you	1		umberl	and,	MD 215	02		
	23. PART Enter the d shock, or h	eart failure.	List only one cau	se on each i	death. Do i	not enter th	e mode of d	lying, suc	h as cardiac	or respirat	ory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Fin	nal		100		1/1-	2-21	10	1	00-		Onset and Death
	disease or condition resulting in death)	<b>→</b>	. 60	1KUI	0 1	(6)	IKH	TORY	AK	KES	7	
			DUE TO	(DR AS A CON	SEQUENCE D	F):						
z		-		100	Kon -	: 6	150	mal	-11			-
CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CON	SEQUENCE O	f):	N GO	700	7			
18	cause. Enter UNDERLY	ING D				10	4.7) '	,	/-			
Ĕ	CAUSE (Disease or Injuthat Initiated events	יין עיי	DUE TO	(OR AS A CON	SEQUENCE O	n:	la de la					
1	resulting in death) LAS	T	2									
빙		-										
4	PART II. Other significa	ondition	ns, contributing to	death but no	t resulting.	in the unde	rrlying, cause	given in	Part I. 24a.	WAS AN AU		346. WERE AUTOPSY FINDINGS
EDICAL	_ Ch	6,	M45 TEE	6 4	al fait	us of	diele	77	2 15	YES 2 7		AMPLABLE PRIOR TO COMPLETION OF CAUSE
	1/	11-	1000	11 8	70	1-1	20 11.	al.	111	1 100 013		OF DEATH?
Σ		15/	11000	- COTTO	17	poels.	d 14	a CU	ALL RIVE		- 1	1 TYES 2 NO
N N	25. WAS CASE REFERRED T	D MEDICAL T	4 Cension	4	110	/	04 to 400 00	material state	/			
<u> </u>	EXAMINER?	-	HOSPITAL:	and the second		OTHER:	26. PLACE OF	DEATH (Ch	eck only one;			
PHYSICIAN:	1 TYES 2 PHO		1 Dispatient 2			-	THE RESERVE OF THE PERSON NAMED IN	Residence	6 C Other (Spe	ecify)		
E	27, MANNESI OF DEATH		28s. DATE OF (Mooth, D		28b. TW	IE OF 2	No. INJURY AT WORK?		28d. DESCRIB	IE HOW INJU	MA OCCRHED	)
à	2 Accident	Pending Investigation				м	1 YES 2	□ NO				
ED	3 Sulcide 6	Could not be	29e. PLACE O	F INJURY — At etc. (Specify)	home, ferm,	street, factory	, office		281. LOCATION		Number or Ru	rel Route Number,
비밀	4 Homleids	determined	2000						Coly Co. His	with darkery		
COMPLET	29a, CERTIFIER CERT	LIEAING BHAG	ICIAN: To the heat of	my knowleds-	doub	nd at th- at-	data control		A- 45			
M			ICIAN: To the best of									ee(a) and menner as stated.
8			11-11		- mromigan	, in my opii						
H H	29b. SIGNATURE AND TITLE	OF CERTIFIE	B Kin St	2			296. LI	CENSE MUN	ADEN	21	9d. DATE SIGN	HELD (MALINET, DAY, MANY)
2			1/1				D	19318			11/	18/92
F	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE OF DEATH (	TEM 27) (Type	, Print)				11/24	1	
	Dr. N. Ra	niitha	n 517 0	1dtown	Road,	Cumb	erland	, MD	21502		1160	
	31. DATE FILEO (Month, Day,	Year)	32. REGISTRA	R'S SIGNATUR	E							
	NOV19	1992	geolia Davi	doon-Aar	delle							
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or other traumatic event, the medical examiner must be notified at once.

Herbert

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Leighton, M.D.,

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5	A	ECI	n 2
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIANY The law required that the death eartificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR. After this certificate has been somed terms attracting physician and completely filled in by the funeral direction within 72 hours after death with he store been the funeral model on burnary or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows he saw, or other traumatic event, the medical examiner r
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	부	中国	F
	T O	一日	MP.
	F	- 2	=

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEN REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last) Ma	ry Yommer				2. DATE OF DEATH MONTH DV 11 18		3. TIME OF DEATH 6:00 a M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday) 7 YRS.	F UNDER 1 YEAR NONTHS DAYS 9b. CITY, TOWN D	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)  Jan 1,1	8.8	HARTHPLACE (State or Foreign ountry)			
CTOR	Route 1, Box 239, Salisbury Rd Grantsville Garrett										
DIRECTOR		rett		antsvi			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	Route 1, Box 2	39, Sali:	sbury Rd.		21536		10g. CITIZEN	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specifi	NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) y:		RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of we life. Do NOT use	rk done during mo retired.)	ON st of working	Own H		RY			
BE CON	17. FATHER'S NAME (First, Middle, Last) Austin	Lichty		ME (First, Middle, Meiden ie Liveng		110					
TO B	190. INFORMANT'S NAME (Type/Print)  Jean Richardso	e, MD	21536								
	20a. METHOD OF DISPOSITION  1 Surfai 2 Cremation 3 Remon		PLACE AND DATE OF ST. Paul			0ATE 20c. LO	CATION — City of	The state of the s			
	21. SIGNATURE OF FUNERAL SERVICE LICE	) Down	an	Newma	n Fune	ral HOme,	Inc.				
	23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Gastro- I Due to (on A	each line.	Bleedin	de of dying, suc	h as cardiac or reapi	ratory arrest,	Approximata interval Between Onest and Daath 24-48 hrs.			
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Gastritis  DUE TO (OR AS	analges	ics		Unknown Sev. Yrs.					
SAL	PART II. Other algnificant conditions	contributing to death	but not resulting in	the underlying	g ceuse given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINOMOS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 ND			
PHYSICIAN: MEDI		HOSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one)  6  Other (Specify)					
ву РНУ	27. MANNER OF DEATH    X   Natural   5   Pending   2   Accident   Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c. INJI		28d. DESCRIBE HOW II	NJURY OCCURE	D			
0	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJU building, etc. (S	RY — At home, farm, str oecffy)	eet, tactory, office		261. LOCATION (Street e City or Town, State)	nd Number or Ru	ral Route Number,			
COMPLETE	one) 24 MEDICAL EXAMINER:	AN: To the best of my kno						se(s) and manner as stated,			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	Mon, I	y, O.	D 05658			NEO (Month, Day, Year) ember 18,1992			

n, M.D., 502 E. Oak Street, Oakland, Maryland 21550

	REGISTRAR		CLITT	ICATE O	DEATH	REG. NO	J.	
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
		NDERSON				11 30	1992	12:20p
=	4. SOCIAL SECURITY NUMBER 216 30 7427	1 🗆 M 2 📈 F	(In yrs. lest birthday) 60 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) ()4 14	1932 N	BIRTHPLACE (State or Foreign Country)  WARE TO TR
TOR	98. FACILITY NAME (If not institution, give GREATER BALTIMOR RESIDENCE OF DECEDENT		NTER	TOWSON	OR LOCATION OF D	EATH	9c. COUNTY BALT	IMORE
DIRECTOR	10s. STATE 10b. COUN	TY LTIMORE	10c. CIT	Y, TOWN OR LOC	ATION RVILLE			10d. INSIDE CITY LIMITS? 1  YES XX NO
	100. STREET AND NUMBER 220 MELANCHTON A				Of. ZIP CODE			OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 A NO	If yes, a	21093 CENDENT OF HISPAI specify Cuban, Mexics S T NO Specif	HC ORIGIN? (Specify V in, Puerto Rican, etc.)	USA es or No- 14.	RACE — American Indian, Black, White, stc. Specify: White
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		IIII. Do NOT us	work done during n	TION nost of working	166. KIND OF B	USINESS/INDUST	
COMP	17. FATHER'S NAME (First, Middle, Last)				The state of the s	ME (First, Middle, Maide	n Sumame)	
BE	Gurney James G  10a. INFORMANT'S NAME (Type/Print)	odfrey				Mae Bar		
2	Dr William Andrew	Andersen				Route Number, City or To		
	20a. METHOD OF DISPOSITION 1	moval from Stats co	b. PLACE AND DATE OF OR OTHER CHUICANS Chui	OF DISPOSITION (	Name of		OCATION — City	
	21. SIGNATURE OF FUNEBAL SERVICE'S		)	22. NAME	AND ADDRESS OF FA	cury rell-Wiede	feld.In	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	LEFT	A CONSEQUENCE OF A CONSEQUENCE OF A	n: Cenus n: Trescio:	se LEKOSIY	T. STR	OKE	Onset and E
	PART II. Other significant condition	ons contributing to deeth i	but not résulting i			Part i. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FIND
MEDICAL	CARDIO	3 MAL				1 TES		AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (Ch	eck only one)		
	1 YES 254.00  27. MANNER OF DEATH  1 Sheturel 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	ED
D BY	3 Suicide 6 Could not be	284 PLACE OF MULLEY	Y — At home, farm, socify)	street, factory, off	ics	28f. LOCATION (Street City or Town, State	t and Number or R	tural Route Number,
=	4 Homicide detarmined							
LETE	29a. CERTIFIER (Check only	SICIAN: To the best of my know HER: On the bests of sxamination						use(s) and manner as stat
ETE	29a. CERTIFIER (Check only	NER: On the besis of sxamination	on and/or investigation	n, in my opinion,		time, data and place, a	and due to the ca	use(s) and manner as state

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	<b>ICATE OF</b>	UCALO	REG. N	0	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Paul A.		7/ 7 7	ison	1 2	)2 10	YEAR
		(In yrs. lest birthday)	IF UNDER & YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	of the last of the	992 7:34 PM 8. BIRTHPLACE (State or Foreign
	212-06-8232 15x M 2 🗆 F 23		MONTHS DAYS	HOURS MIN.	(Morith, Day, Year)	1000	Country)
	9a. FACILITY NAME (If not institution, give street and number)	,	a. a.= ==				Jamaica
œ			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUN	TY OF DEATH
0	Sinai Hospital		Balti	more			
E	10s, STATE 10b, COUNTY	10c CIT	Y, TOWN OR LOCA	TION		- 17	
E	24.3						10d. INSIDE CITY LIMITS?
	Md.	B	<u>altimo:</u>				1 X YES 2 NO
A A			100	H. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
Ä	3409 Dupont Ave.			21215		Jam	aica
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES	VU.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yes or No-	14. RACE — American Indian, Black, White, atc.
>	3 Widowed 4 Divorced IF YES, GIVE WAR OR D	ATES		S 2 NO Speci			Specify:
			_				Black
臣	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of v	work done during m	ON ost of working	16b. KIND OF	USINESS/INDO	ISTRY
<u>"</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT us	se retired.)		- 1		
P P	12th	Cook			McDon	alds	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle, Maid	en Sumeme)	
BE	Fergus Knibb Allison			Rosev	Davis		
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street		Route Number, City or 1	own, State, Zip (	Code)
5	Fergus Allison				Balto.,		
		PLACE AND DATE					TZ T D
		etery, cremetory or of	ther place)	ame or	DATE 20C.	LOCATION — C	lstown, Md.
	4 Donation 5 Other (Specify)	ang Mer	m. Pari	12	-10-92 R	<u>andal</u>	lstown, Md.
	at anomalous or romante assertes theretes		The	Derric	k C. Jon	AS F	H. Balto.,
	of Sund	~~			Heights		
	23. PART I. Enter the diseases, or complications that causes	the death. Do n	not enter the me	ode of dving, suc	ch as cardiac or re-	piratory arms	et, Approximate
	shock, or heart failure. List only one ceuse on a	ach line.		20 20 100 200 200		p=,	Interval Between
ľ	IMMEDIATE CAUSE (Final disease or condition	3 1 1 0 1 1 2					Onset and Death
- 1	resulting in death)  a. GUNINT  DUE TO (OR AS A	WOUR	クアナ	140	Q		
	DUE TO (DR AS A	CONSEQUENCE OF	F):				
O	Sequentially list conditions,						
	M and I and	CONSEQUENCE OF	F):				ļ
5	it any, leading to immediate						
ICAT	CAUSE (Disease or Injury						
TIFICAT	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CONSEQUENCE OF	F):				
ERTIFICAT	CAUSE (Disease or Injury	CONSEQUENCE OF	F):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			O Stude charalle	Deed L Louisses		
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events			g cause given in	PERF	AN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
DICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			g cause given in	Part I. 24a, WAS, PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
DICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			g cause given in	PERF	ORMED?	AMAILABLE PRIOR TO
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DICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death b	ut not resulting i	26. P OTHER: 4 Unusing Hor	LACE OF DEATH (C/	PERF 1 (1) VES	ORMED? 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Set 2 No
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BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death b  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL: 1   Inperiant 2 (XER/Outp   1   1   1   1   1   1   1   1   1	etient 3 DOA  28b. TIMI	26. P OTHER: 4 Universing Hore E OF 28c. IN. W	LACE OF DEATH (C/	PERF 1	ORMED?  2 NO  VINJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Ses 2 No
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BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A d	etient 3 DOA  285. TIMM 285. TIMM 180  7 2 00  At home, farm, s 257. Fried 1904ge, desth occurre	26. P OTHER: 4   Nursing Hore E OF   28c. IN. WW O P M   1     Interest, factory, office Chicks and at the time, date	LACE OF DEATH (C)  ne 5   Residence  JURY AT  JRK?  YES 2   NO	PERF 1 DES  1 DESCRIBE HON Subject 281. LOCATION (Streechy or Town, Sta 3 3 1 0 Re to the cause(a) and m	ORMED?  2 NO  VINJURY OCCU  Shot of and Number of tel  2 ister	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Ses 2 No  URED  Fairel Route Number,  TOWN Road d.
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A d	etient 3 DOA  285. TIMM 285. TIMM 180  7 2 00  At home, farm, s 257. Fried 1904ge, desth occurre	26. P OTHER: 4   Nursing Hore E OF   28c. IN. WW O P M   1     Interest, factory, office Chicks and at the time, date	LACE OF DEATH (C/	PERF 1 (D #ES  1	ORMED?  2 NO  VINJURY OCCU  Shot of end Number of tel  ister  sammer as states and due to the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Ses 2 No  URED
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E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	etient 3 DOA  28b. TiMM 180  9 2 7:00  — At home, farm, s 27: Fried 19dge, desth occurre 1 and/or investigation	26. Print)	LACE OF DEATH (C/	PERF 1 (D. FES  Deck only one)  8 Other (Specify)  28d. DESCRIBE HON  SUDJECT  281. LOCATION (Sre- City or fown, Sia  3 3 1 0 Re  to the cause(a) and no  time, date and place,  MBER  E .	V INJURY OCCU Shot and Number of the state and due to the 29d. DATE 1.2	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Set 2 No  JRED  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Set 2 No  JRED  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Set 2 No  JRED  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Set 2 No  JRED  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH NO  1 Set 2 No  JRED  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH NO  1 Set 2 No  JRED  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH NO  1 Set 2 No  JRED  AMAILABLE PRIOR TO CAUSE OF CAUSE OF DEATH NO  1 Set 2 No  JRED  AMAILABLE PRIOR TO CAUSE OF CAUSE OF DEATH NO  1 Set 2 No  JRED  AMAILABLE PRIOR TO CAUSE OF CAUSE OF DEATH NO  JRED  AMAILABLE PRIOR TO CAUSE OF CAUSE OF DEATH NO  JRED  JRED  AMAILABLE PRIOR TO CAUSE OF CAUSE OF CAUSE OF DEATH NO  JRED
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death central by precured eithin 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

the amending physician and companies filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a more in burial, cremation, or removal.

ps, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The property of the negative design of the page 6 may be retained by the hosp to the Hospital Distriction of the page 6 may be retained by the hosp to the Page 6 may be retained by the hospital Distriction of the page 6 may be retained by the RUNEAL DIRECTOR. After this certificate may be retained by the page 6 may be retained by the hospital Distriction of the Page 6 may be detached by the RUNEAL DISTRICTION OF THE PAGE 1 MAY BE ADDED TO THE PAGE 1 MAY BE ADDED DIVISION OF VITAL

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DIVISION OF VITAL RECORDS, P.O. BOX 687	BILL OH ATTENDING DIVERGIAN. The law requires that the death certificate he assessed
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	1. DECEDENT'S NAME (First, Middle, Last)	YET	TAIS	ETTA BI	ERLIN)	2. DATE OF	DEATN DAY	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF E	нетн	8. BIRTNPLACE (State of
	216-18-44	1 M 2 F 0	Z YRS.	MONTHS DAYS			y, Year) 1999	Country) POT
	9a. FACILITY NAME (If not institution, give		2	AL OUTY TOUR	1001001000	102/1	0/10//	TUL
œ	SINIA-1 +	HOCP		2 A	OR LOCATION OF	DEATH	9c. COU	NTY OF DEATH
6	RESIDENCE OF DECEDENT	10311		DIL	- IUFIU	NE		-
ğ.	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOC	ATION			10d, INSIDE C
DIRECTOR	MARYLAND BALT	IMORE		TIMORE				LIMITS?
	10e. STREET AND NUMBER				101. ZIP CODE			1 TYES 2
FUNERAL	7920 SCOTTS LEVE	מם זי			21208		USA USA	IZEN OF WHAT COUNTRY
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER						
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	13. WAS D	ECENDENT OF HISF specify Cuban, Mexi	ANIC ORIGIN? (Second Puerto Ricar	pecify Yea or No-	14. RACE — American I Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR E	DATESX		ES 2 NO Spe			Specify:
<b>a</b>	15. DECEDENT'S EDU	ICATION .	I	1				WHITE
	(Specify only highest grade	e completed)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPA: work done during r retired.)	FION nost of working	16b. K#N	D OF BUSINESS/IND	USTRY
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	GROCER	retired.)		FOO	D	
COMPLET	6		GROCER					
	17. FATNER'S NAME (First, Middle, Last)						A NTCTATM A.N.	NT.
BE	OSCAR NOVAK				SOR			
2	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street	and Number or Run	I Route Number, C	ity or Town, State, Zip	Code)
	MRS. SHIPLEY DANS	ICKER	124-	A HARRY	LA. O	WINGS M	ILLS, MD	21117
	20s. METHOD OF DISPOSITION  1√ Burtal 2 ☐ Cremation 3 ☐ Rem	novel from State	. PLACE AND DATE O	OF DISPOSITION /	Name of	DATE	20c. LOCATION -	
	Donation 5 Other (Specify)		MIKRO K	ODESH-B	ETH ISRA	EL 12/1	/92 <sub>RAT.TT</sub>	MORE, MD
	21. SIGNATURE OF TUNERAL SERVICE AN	CENSEE / _		22. NAME	AND ADDRESS OF	ACILITY	Diniti	iora, ra
_ 1	SOL LEVINSON & BROS., INC.							
	23. PART I. Enter the discesses, or shock, or heart fullure	y June		6010	REISTER	TOWN RD	. BALTO	., MD 212
-			A CONSEQUENCE OF	j:				
IFICATION	Sequentially flat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a SEA	CONSEQUENCE OF	ŋ:	Y THW	NAS		
ERTIFICATION	If any, landing to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	a SEA	ST S	ŋ:	YTHW	NAS		
뜅	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUENCE OF	): ):				
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8	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	): ):		n Part I. 24s.	WAS AN AUTOPSY PERFORMED?  JYES 2   NO	AVAILABLE PRK
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: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLY(ING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	): ):		n Part I. 24s.	PERFORMED?	AVAILABLE PRK
: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other eignificant condition  PART II. Other are initiated condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A	CONSEQUENCE OF	n tha undarlyli		n Part I. 24a.	PERFORMED?	AVAILABLE PRICOMPLETION OF DEATH?
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 92 33887

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D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		CERTIF	ICATE OF	DEATH	MENTAL HYGIEI REG. NO			
1. DECEOENT'S NAME (First, Middle, La ELAINE		JTH	BROWN		DEC. 2,	992	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-20-8564	1 - M 2 - KF 67	E (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT . 30	1925	Counti	
88. FACILITY NAME (If not institution, gi 8236 SCOTTS LEV RESIDENCE OF DECEDENT	EL RD.		BALTIM	ORE	EATH		TY OF D	
10a. STATE 10b. COU			TIMORE	TON				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 8236 SCOTTS LEV	EL RD.		101	21208		10g. CITI	ZEN OF V	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1  YE IF YES, GIVE WAR OR	S 2 NO	Il yes, sp	ENDENT OF HISPA scify Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	es or No—	14. RACE Black Speci	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of with No. Do NOT us	rork done during mo e retired.)		GUARDIA		USTRY	.10
17. FATHER'S NAME (First, Middle, Last) ABRAHAM Li	EVINE			18. MOTHER'S N.	AME (First, Middle, Maide		TEN	
190. INFORMANT'S NAME (Type/Print) ISRAEL BROWN					Route Number, City or To	wn, State, Zip		
24s. METHOD OF DISPOSITION  1 Burlal 2 Cremetton 3 R  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		Ob. PLACE AND DATE ( emetary, crematory or of  BFTH FI.	MEMORTAI 22. NAME AF	PARK 1	2/3/92 RAN			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Astroa	A CONSEQUENCE OF	snal	lowing temp	profile	be	Son Bro	ng 1 yea in 3 yea
PART II. Other algolificant condit	tions contributing to death	but not resulting i	n the underlying	g cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY/ PRMED? 2 NO	24b	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	HOSPITAL:		26. PL	ACE OF DEATH (C	neck only one)			
25. WAS CASE REFERED TO MEDICAL EXAMINER?		utpatient 3 DOA		5 Residence	6 Cher (Specify)			
	28e. DATE OF INJUR	Y 28b. TIMI			28d. DESCRIBE HOW	INJURY OCC	CURED	
EXAMINER?  1 VES 2 D NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	Y 28b. TIMI	E OF 28c. INJ	URY AT RK? 'ES 2 NO	284. DESCRIBE HOW			loude Mumber
EXAMINER?  1 YES 2 IF NO  27. MANNER OF DEATH  1 Retural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not determined	28e. DATE OF INJUR (Month, Day, Year on 28e. PLACE OF INJU building, atc. (St	Y 28b. TIMI ) INJI RY — At home, lerm, s	E OF 28c. INJ	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State	and Number		loute Number,
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EXAMINER?  1 YES 2 IV NO  27. MANNER OF DEATH  1 Autural 5 Pending Investigative 3 Suicide 8 Could not dejarmined  29a. CERTIFIER (Check only)	28e. DATE OF INJUR (Morth, Dey, Year  28e. PLACE OF INJU be diding, stc. (S)  4YSICIAN: To the best of my known in the best of	Y 28b. TIMI INJI RY — At home, lerm, s occify) owledge, death occurre tion and/or investigation	E OF URY M 28c. INJ WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	URY AT RK? /ES 2 NO	281. LOCATION (Street City or Town, State to the cause(a) and me to time, data and place, a	and Number	or Rural F ed. e cause(a	

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THE ATTENDING PHYSICIAN: THE LAW REQUITES THAT THE GEATH CENTRACES DE CONTINUED WITHIN 24 HOURS ARE CERTAIN PAGE & MAY BE RETAINED BY THE HOSPITAL OF ATTENDING PHYSICIAN.	DESCRIPT AND THE WAS STREETED SIGNED BY THE ATTENDING PHYSICIAN AND COMPLETELY RIVED IN BY THE FUNETAL DIRECTOR, PAGE 5 Should be detached for use as the burit	ij	the second of the second bear before the second sec
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		/ DEPARTMENT OF H ERTIFICATE OF	DEATH	REG. NO.	92	33889
	1. DECEMENT'S NAME (First, Middle, Last) BArdney		2.	DATE OF DEATH	9. YE 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. II) 1 1 M 2 OF 3 9	YRS. IF UNDER t YEAR DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIRTH	Cour	HPLACE (State or Edreign stry) Carolina
œ	Se, EACHTY NAME (If not institution, give street and number)	9b. CITY TOWN C	OR LOCATION OF DEATH	1 1	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT					
E	Maryland 10b. county	TION			10d. INSIDE CITY LIMITS?	
	10a. STREET AND NUMBER	re . zip code		10g. CITIZEN OF	1 YES 2 NO	
FUNERAL	5117 Liberty Heights Avenu	e	21207		U	SA
5	11. MARITAL STATUS 1 Never Merried 2 Merried 12. Was decedent ever in u.s. A FORCES? 1 YES 2 X	RMED 13. WAS DEC NO If yes, spo	ENDENT OF HISPANIC ( ecify Cuben, Mexicen, P	ORIGIN? (Specify Yes or Puerto Rican, etc.)	r No — 14. RAG Ble	CE — American Indian, ck, White, etc.
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 🗆 YES	2 XNO Specify:		Spe	Black
9	(Specify only highest grade completed)	ECEOENT'S USUAL OCCUPATION		16b. KINO OF BUSIN	IESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	e. Do NOT use retired.)				
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME	(First, Middle, Maiden Su	rname)	
BE	Claude Towns  190. INFORMANT'S NAME (Type/Print)		Rosa I			
2	Rosa Louise Towns	9b. MAILING ADDRESS (Street a				21207
2	20g METHOD OF DISPOSITION 20b, PLACE	AND DATE OF DISPOSITION (Na	v Height		TION — City or	ore, MD
	4 🗆 Donation 5 🗆 Other (Specify) Kinj	emalory or other place)  R Memorial			dalls	town, MD
	21. SIGNATURI OF EUNERAL SERVICE LICENSÉE	LERO 4600	O ADORESS OF FACILITY O DYE LIBERTY	CTT & SON	AVEN	RAL HOME UE 21207
	23. PARTA Enter the diseases, or complications that course the diseases, or heart fallure. List only one cause on each lin	eath. Do not enter the mo-	de of dying, auch a	a cardiac or reapirat	tory arrest,	Approximata Interval Between
m, me	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Immore	Defic	LERVEY		Onset and Death
N	Sequentially list conditions,	LOUENCE OF J.				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	EOUENCE OF):				
FIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSE	OUENCE OF);				
EAT	resulting in death) LAST					
51 - 1	PART II. Other algorificant conditions contributing to deeth but not	resulting in the underlying	ceuse given in Per			b. WERE AUTOPSY FINDINGS
MEDICAL	Systemic Crypt	5 COCCU	<u>S</u>	PERFORME	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				-   ′	`	1  YES 2  NO
AN	25. WAS CASE REFERRED TO MEDICAL	26. PL	ACE OF OEATH (Check	only one)		
PHYSICIAN:	EXAMINER?  1 YES 2 NO  NO  NO  NO  REPITAL:    No	OTHER:	e 5 Residence 8			
	27, MANNER OF DEATH  28s. DATE OF INJURY (Month, Day. 'lear')  Netural 5 Pending	28b. TIME OF INJURY WO	RK?	d. OEŞCRIBE HOW INJ	URY OCCURED	
ED BY	Could not be determined   Could not be det			if. LOCATION (Street and City or Town, State)	l Number or Rural	Route Number,
9	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d	eeth occurred at the time data	end place, and due to t	the cause(s) and manne	r so stated	
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or					(e) end manner ee stated.
TO BE	296 SIGNATURE AND TITLE OF CERTIFIER	Deva	294. LICENSE NUMBER	263	DATE SIGNE	D (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITI	EM 27) Type, Print	Pact			
	31. DATE FILEO (Month, Day, Year) 2. REGISTRAN'S SIGNATURE			- Pi		
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	1. DECEDENT'S NAME (First, Middle, Last)					DEATH	2, DATE OF I	EG. NO.	YEAR 3. TIME OF DEATH
- 1	ttelen h. b	ea					12	01 9	1Z 927
	4. SOCIAL SECURITY NUMBER 214 20 7388	5. SEX	6. AGE (In yrs. lest bir 84	YRS. IF UNDI	DAYS	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF E (Month, Da		8. BIRTHPLACE (State or Foreign Country) VIRGINI
. 1	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CIT	Y, TOWN OR	LOCATION OF	OEATH	9c. COUN	TY OF OEATH
	EN SECOLLS	HASPITA	7	15A	TIM	008C	my		_
	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ	9	Oc. CITY, TOWN	OR LOCATIO	ON	-		10d. INSIDE CITY
	MA		- 1	BAC	Time	200	7, 720		LIMITS?
	10e. STREET AND NUMBER	4		- Carre		ZIP CODE	1	10g. CITIZ	ZEN OF WHAT COUNTRY?
	1525 EDMONA	SOAL AVS				2/2	12		USA
	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMEI	D 13					14. RACE — American Indian, Black, White, atc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1				Cuben, Mexi	can, Puerto Rice offy:	i, etc.)	Specify:
									BUXX
	15. OECEDENT'S EDU (Specify only highest grade	completed)	16a. DECES	DENT'S USUAL kind of work don NOT use retired.	OCCUPATION during most	of working	16b. KJN	O OF BUSINESS/IND	USTRY
	12th grade	College (1-4 or 5+			,				
	17. FATHER'S NAME (First, Middle, Lest)		ווטע	<u>lestic</u>		18 MOTHER'S	NAME /Elect Alleid	e. Maiden Surname)	
		Haves						,	
	19a, INFORMANT'S NAME (Type/Print)	navez	19b. N	IAILING ADDRE	SS (Street and			istopher	comBaltimore
	Carrie Stewart			25 N.					or, MD 21217
1	20a. METHOD OF DISPOSITION		20b. PLACE OF	DISPOSITION (	-			20c. LOCATION —	
ı	1 M Burial 2 Cremation 3 Ren	noval from State	Kings	Memo	rial	Park		Randal'	lstown. MD
ļ,	21. SIGNATURE OF FUNERAL SERVICE LI					ADDRESS OF	FACILITY	Randar	I S COMITY TID
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_	23. PART I. Enter the diseases, or	C045						1101 E.	
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one caus	se on each line.						Interval Bety
	disease or condition resulting in death)	a. Acute DUE TO	OR AS A CONSEQUE	MOT ENCE OF):	An	tero i	latin	al Ky	Onset and E
	disease or condition	b. PRai DUE TO C. Rev	OR AS A CONSEQUE	PSi Fou	An 3 9.	tuo: mfa e	latin	al type	Onset and I
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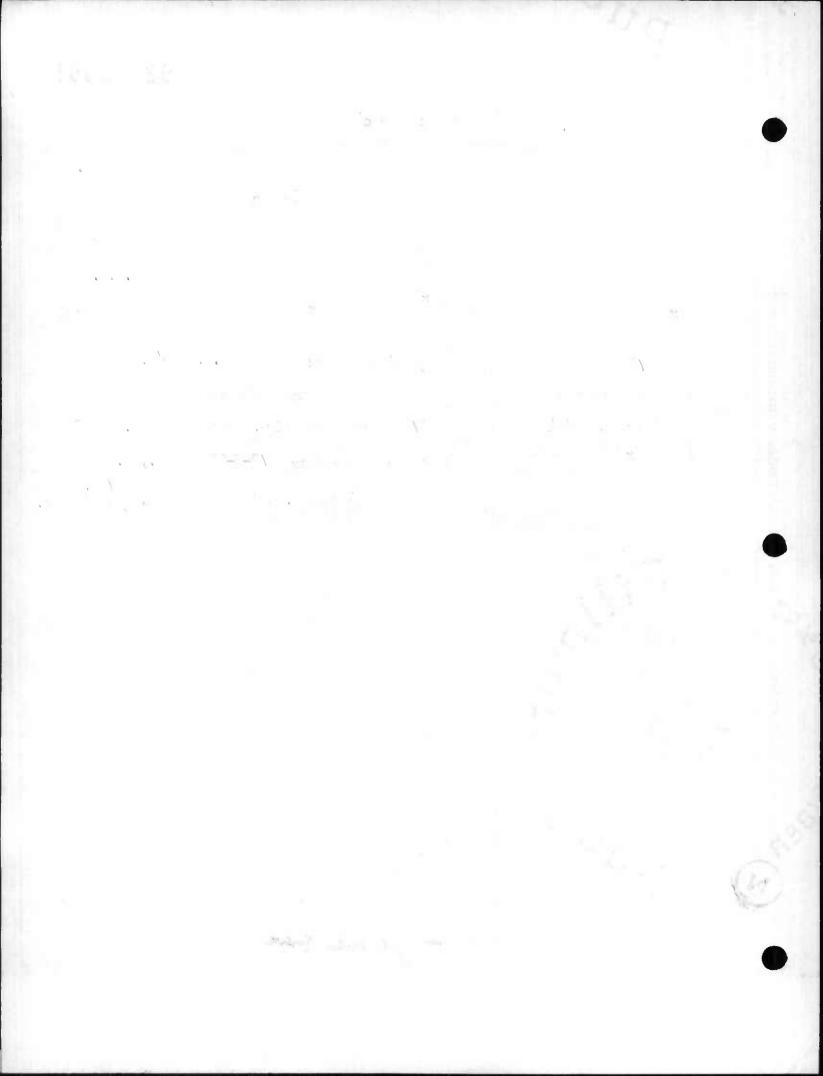
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	

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4. SOCIAL PROPERTY VANISHER AND A STATE OF THE PROPERTY VALUE OF T		REGISTRAR		OERTIFIC	ATE OF			REG. NO.	i fire
SOLLA SCICITY MANEE for a semantic plan show and considerable of the semantic plants of the	1	1. DECEDENT'S NAME (First, Middle, Last)  DOROTHY	Jorostay Flor	ience bu	th			DAY	YEAR 3. TIME OF DEATH
RECILITY NAME OF A UNITARY STRUCTURE OF POEMERS IN SECRET STRUCTURE OF A CONTY OF BEATT ADMANDA.  THE DISCHARGE OF POEMERS IN SECRET STRUCTURE OF A CONTY OF A CONTY OF BEATT ADMANDA.  THE DISCHARGE OF POEMERS IN SECRET STRUCTURE OF A CONTY OF		210 25 /00	V			T	(Month, C	нтни	BIRTHPLACE (State or Fore Country)     A1 /
THE BROCKING OF PRECEDENT  WO. STATE AND MARKET  NO. COUNTY  WO. STATE AND MARKET  NO. THE COUNTY  WO. STATE AND MARKET  NO. THE COUNTY  NO. THE COUNTY  WO. STATE AND MARKET  NO. THE COUNTY		0.70		/	b. CITY, TOWN		EATH		
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STREET AND NAMED   STREET AND NA	JIREC		4	10c. CITY, 1	OWN OR LOCA	TION			
TO THE STATE NO. Specify   Specific   Specif				7/	10	1. ZIP CODE		10g. CITI	
1 December 1 Secretary State Conference of the C	UNEF			U.S. ARMED	13. WAS OF	CENDENT OF HISPA	NIC ORIGIN?	Snactfy Ves or No	
18. NAME OF BUSINESS (COMPON)  18. NAME (PRI. MASS. Last)  18. NAME (PRI. MASS. Last)  18. NATHER'S NAME (PRI. MASS. Last)  18. NATHER'S NAME (PRI. MASS. Last)  18. NATHER'S NAME (PRI. MASS. Last)  18. NATHER'S NAME (PRI. MASS. Last)  18. NATHER'S NAME (PRI. MASS. Masses Surveine)  18. NAME (PRI. MASS. Masses Surveine)  18. NATHER'S NAME (PRI. MASS. Masses Surveine)  18. NAME (PRI. MASSES SURVeine)  18. NAME (PRI. MASSES SURVeine)  18. NAME (PRI. MASSES SURVeine)  18. NAME (PRI. MASSES SURVeine)  18. NAME (PRI. MASSES SURVeine)  18. NAME (PRI. MASSES SURVeine)  18. NAME (PRI. MASSES SURVEINE)  18. NAME (PRI. MASSES SURVeine)  18. NAME (PRI. MASSES SURVeine)  18. NAME (PRI. MASSES SURVEINE)  18. NAME (PRI. MASSES SURVEINE)  18. NAME (PRI. MASSES SURVEINE)  18. NAME (PRI. MASSES SURVEINE)  18. NAME (PRI. MASSES SURVEINE)  18. NAME (PRI. MASSES SURVEINE)  18. NAME (PRI. MASSES SURVEINE)  18. NAME (PRI. MA		The state of the s			If yes, s	ecify Cuban, Mexico	en, Puerto Ric	an, etc.)	Black, White, etc.
The MALING ADDRESS (Sines and Funder) Award Rundless Cyre Durn, Sine, In Cody)  1	TED	(Specify only highest grade cor	TION mpleted)	(Give kind of won	done during m	ON ost of working	16b, K	IND OF BUSINESS/IND	
The process (or death power of the process (or death power of the process of the	MPLE	10	College (1-4 or 5+)		4	Rer	U.	.S. Gov't	
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25. MAS CAME REFERENCE TO MEDICAL BLAST IN CONTROL TO (OR AS A CONSCOUTING TO MEDICAL BLAST IN CONTROL OR)  25. WAS CAME REFERENCE TO MEDICAL BLAST IN CONTROL OR SET OF MEDICAL BLAST IN CONTR		19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ORESS (Street	and Number or Rural	Route Number	City or Town State Zio	Code)
Burlet 2 gCremation 3   The recomption   Security   S		200. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF	DISPOSITION (N			-	
Charles S. Zeiter & Son Snc. Conking State		4 Donation 6 Other (Specify)	from State come	teen houn	t (nemo	ctory 1	2-5-9	Balto.,	, Md.
Approximation   Sequentially list conditions,   Sequentially		> CQ Q M	h. h. le		Chan	NO ADDRESS OF FA	cillar :	e son and	9015.
MMEDIATE CAUSE (Finel disease or condition)		23. PART I. Enter the diseases, or cor	nplications that caused	the deeth. Do not	enter the me	ode of dying, suc	th as cardia	c or reepiratory arr	est, Approximel
Sequentially list conditions, if any, seeding to immediate cause. Enter UNDERLYING OUR AS A CONSCOUENCE OP:  DUE TO (OR AS A CONSCOU		IMMEDIATE CAUSE (Finel	t only one cause on ee	ch line.					Onset and
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1			DUE TO (OR AS A)		im	1 1			HRS
The interest events resulting in death LAST    DIABCTC	NO		DUE TO (OR AS	polardio	il my	laretin	1		MONT
The interest events resulting in death) LAST    PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.   24a, WAS AN AUTOPSY PERFORMED?   1   YES   1   NO   1   YES   2   NO   1   YES   2   NO   1   YES   2   NO   1   YES   2   NO   1   YES   2   NO   2   MANNER?   2   MANNER?   2   MANNER?   2   MANNER OF DEATH   3   MANNER OF DEATH   3   MANNER OF DE	ICAT	CAUSE. Enter UNDERLYING CAUSE (Disease or injury	Coro	nay a	ten	diseas	e		YEAR
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.    24a, WAS AN AUTOPSY PERFORMED?   24b, WERE AUTOPSY PERFORMED?   1   YES   NO   1   YES   NO   1   YES   NO   1   YES   NO   1   YES   NO   1   YES   NO   1   YES   NO   NO   YES   1   YES   NO   NO   YES   NO   YES   NO   NO   YES	ERTIF		DUE TO JUN AS A	CONSECUENCE OF):	0				
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  EXAMINER OF DEATH  (Morrit, Dey, Neir)  28b. TIME OF INJURY At home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH  (Morrit, Dey, Neir)  28b. DATE OF INJURY At home, farm, street, tactory, office  28c. LICATION (Street and Number or Flural Flours Number, Chy or Rown, States)  29b. SIGNATURE AND TITLE DISCENSIFIER  29c. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE DISCENSIFIER  29c. LICENSE NUMBER			contributing to death bu	it not resulting in	he underlyln	g ceuse given in	Part I. 2		24b. WERE AUTOPSY FIN
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	EDIC	1014BETES				-	—   ¹		COMPLETION OF CA OF DEATH?
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner ee stated.  29b. SIGNATURE AND TITLE DE CENTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILED (Month, Day, Year)  22 Accident   1	N. N								1   YE\$ 2   NO
Solution   Street and Number or Rural Route Number,   Specify   State   Stat	SICIA	EXAMINER?			THER:				
2   Accident   Investigation   2   Accident   2   Accident   3   Suicide   4   Homicide   5   Could not be determined   2   Accident   Accident	PHYS	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME C	F 28c. IN.	JURY AT			CUREO
4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  5 Homicide  5 Homicide  6 Homicide  7 Homicide  7 Homicide  7 Homicide  7 Homicide  7 Homicide  7 Homicide  7 Homicide  7 Homicide  7 Homicide  7 Homicide  7 Homicide  8 Homi	B	2 Accident Investigation	28e. PLACE OF INJURY	- At home, farm, stre	M 1 🗆	YES 2 NO	281. LOCATI	ON (Street and Number	or Bural Bouta Number
29c. LICENSE NUMBER  29d. DATE SIGNATURE AND THE DIE CENTERER  29d. DATE SIGNATOR NOW, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)  29d. DATE SIGNEO (Morph, Day, Year)	ш		building, etc. (Specif	(v)	, y <sub>1</sub> with		City or	Town, State)	or received transfer,
29c. LICENSE NUMBER  29d. DATE SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  31. DATE FILED (Month, Doy, Year)  12 2 92 DEC 0 4 1992 Julia  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Doy, Year)  29d. DATE SIGNEO (Month, Doy, Year)  29d. DATE SIGNEO (Month, Doy, Year)  29d. DATE SIGNEO (Month, Doy, Year)  29d. DATE SIGNEO (Month, Doy, Year)  29d. DATE SIGNEO (Month, Doy, Year)  29d. DATE SIGNEO (Month, Doy, Year)	7	(Check only							
20. NAME AND ADDRESS OF HERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DECOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  TO SEPH 1 5 HOSP ITAL  31. DATE FILED (Month, Day, Year)  12 / 2 / 9 2 DECOM 4 1992 Julia 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E		A		ту ориноп, (				
PCTER ADRIVERS OF WEISON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (type, Print).  31. DATE FILED (Month, Day, Year)  12/2/9/2  DEC 0 4, 1992  Julia Aurilla DEC 0 4, 1992			// /			220	446	<b>)</b> /	2/2/92
31. DATE FILED (Month, Day, Year)  12/2/9/2  DEC 0 4, 1992  Julia Aurilian April 1992	BE	296. SIGNATURE AND TITLE OF CRIMITIER	1/-	m (2)		130	110		
	BE	296. SIGNATURE AND TITLE OF CRIMITIER	COMPLETED CAUSE OF DEA	M (1) TH (ITEM 27) (Type, Pri	m) 57 -	50SER	H/s	HOSPI	TAC
O+\$	BE	29b. SIGNATURE AND TITLE OF CHAPTEER  30. NAME AND ADDRESS OF HERSON WHIS C	32. REGISTRAR'S SIGNA	R TURE	S7 -	JOSEP	H/s	HOSPI	TAL
	BE	29b. SIGNATURE AND TITLE OF CHAPTEER  30. NAME AND ADDRESS OF HERSON WHIS C	32. REGISTRAR'S SIGNA DEC 0 4 19	R TURE	ni) 57 -	1030 505ER	PH /s	HOSPI	
	BE	29b. SIGNATURE AND TITLE OF CHAPTEER  30. NAME AND ADDRESS OF HERSON WHIS C	32. REGISTRAR'S SIGNA DEC 0 4 19	R TURE	ST -	Joseph	PH /2	HOSPI	DHMH-16



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	h. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	eral director, page 5 should be detached for use as the burial-transit
be filed within 72 hours after death with the State Dept. or Health and Merital hyglene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	miner must be notified at once.

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF 0			3. TIME OF DEATH
	Donata Elizabeth	Bavato				12 /	02/92	YEAR	5:24 P
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		T & BIRTH	IPLACE (State or Foreign
	220-05-4426			MONTHS DAYS	HOURS MIN.	(Month, De)	( Year)	Count	New York
	Sa. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH		UNTY OF D	EATH
BY FUNERAL DIRECTOR	St. Joseph's Hos	pital		TO W	son		B	altim	pre
S	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	ATION				10d. INSIDE CITY
DIA	Maryland Balt:	imore	Bal	Ltimore					LIMITS?
AL	10e. STREET AND NUMBER			1	M. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
EB	6851 Queen's Fer	ry Road			21239		U	.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	HC ORIGIN? (Sp	ecify Yes or No-	14. RAC	E — American Indian,
7	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			pecify Cuben, Mexica S 2 🔀 NO Specif		, etc.)	Spec	k, White, atc.
	A								White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DECEDENT'S I	ork done during m	ION lost of working	16b. KINI	OF BUSINESS/I	NDUSTRY	
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	illa. Do NOT use			- 1			
₹	12		Home	e Maker			Home		
	17. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NA			)	
BE	Pasquale Pellegi	cini				na Di B			
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				
	Adolph Bucci				s Avenue				
1	20a. METHOD OF DISPOSITION  Six Burial 2 Cremation 3 Remo	WHI ITOM STATE	b. PLACE AND DATE O	ter niecei	, ,				
	Donation 5 Other (Specify)	N	Most Holy	Redeem	er Cemete	ry	Baltim	ore,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME /	ND ADDRESS OF FA	CILITY Di	ppel Fu	neral	Home, Inc.
	John toppe	AL			Belair F				
	23. PART i. Enter the diseases, or c	omplications that cause	ed the death. Do no	ot enter the m	ode of dying, suc	h as cardiac	or respiratory	errest,	Approximate
	MMEDIATE CALICE (Fine)	list only one cause on	each line.						Interval Between Onset and Death
	disease or condition	Pulm	many 5	10.0-6	2				Cilient and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	MU79	us.				
7									İ
<u>ē</u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	):					<u> </u>
8	cause. Enter UNDERLYING								!
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	):					
CERTIFICATION	resulting in death) LAST	l							
ö	PART II. Other significant conditions	contribution to death	h		C. HIS SHEET				
DICAL	Po an +	Ythopacus	but not resulting in	the underlying	ng cause given in	Part I. 24e.	WAS AN AUTOPS' PERFORMED?	Y 24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă		14 reforme	surger	7.		1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
M			0 (			_			1 TES 2 NO
ÿ									
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
표	27. MANNER OF DEATH  1 Setural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		IRY W	JURY AT ORK?	28d. DESCRIB	E HOW INJURY O	CCURED	
BY	2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be	26s. PLACE OF INJUR building, atc. (Sp	IY — At home, ferm, st ec/ly)	reet, factory, offi	ce	26f. LOCATION City or Tox	(Street and Numb	er or Rural I	Route Number,
COMPLETED	4 Homicide determined City or Town, State)								
7	296. CERTIFIER (Check only 1 CERTIFYING PHYSIC	JAN: To the best of my kno	wledge, death occurred	d at the time, dat	e and place, and due	to the cause(s)	and manner as s	tated.	
S	298. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
S H									
0	Morai C. Ke	muliente	1-110		111111111111111111111111111111111111111				
2	30. NAME AND ADDRESS OF PERSON WHO			Print)	1) di	Udd	• /	0	570
	Marion C. Kowale				ad Balti	more,	MD. 21	2 34	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG							
	BER 4 1992	Freday Saindre	Dand no						
		A STATE OF BURNING	- Manual Control						
_	DEG								DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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blh FOR 1 · STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	- DEATH	RE	EG. NO.			
1	1. DECEOENT'S NAME (First, Middle, Last)	Margar	et M. B	urgie		2. DATE OF D MONTH	DAY	YEAR	3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	0.2	1992	4:38	P <sup>M</sup>
	219-18-3782	1 🗆 M 2 💢 F	69 YRS.	MONTHS DAYS	HOURS MIN.	Jan 7,	1923	Count	aryland	reign
_	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		c. COUNTY OF		_
DIRECTOR	5420 Pembroke	Avenue		Balt	imore C	ity				
R	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOC					10d. INSIDE CITY	,
D	Maryland				more Cit	У			1 X YES 2 _	NO
FUNERAL	5420 Pembroke	Avenue			or. ZIP CODE	206			States	
J.	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DI	CENDENT OF HISPA pecify Cuban, Mexico	NIC ORIGIN? (Sp an, Puerto Rican,	ecify Yes or	No- 14. RAC Blec	E — American Indi k, Whits, atc.	en,
B₹	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YI	S 2 NO Specif	ly:		Spec	Whit	е
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION of done during it	TION nost of working	16b. KIND	OF BUSINE	ESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIa. Do NOT u	e Secret						
OM	17. FATHER'S NAME (First, Middle, Last)		1114400	000101	18. MOTHER'S NA	ME (First Middle	Maiden Sun	namel		
BE C	Francis J.	Ryan				arie Ed				
0	194. INFORMANT'S NAME (Type/Print)  Mary I. Ayd		19b. MAJLING	ADDRESS (Stree	ke Avenu	Route Number, Cr	ly or Town, S	itate, Zip Code)	21206	
	20a. METHOD OF DISPOSITION	100								
	1 )( Burisi 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	PLACE AND DATE		m. 12/5/	92 OATE		timore		and
	21. SIGNATURE OF FUNERAL SERVICE LIK	Milton J K	niaht Jr	7.00	AND ADDRESS OF FA			ore, Mo		
	Milton 1.	Knight L		Leor	ard J. R				rford Ro	
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on e	the death. Do i	not enter the m	ode of dying, suc	ch as cardiac e	or respirate	ory arrest,	Approxim interval B	
	IMMEDIATE CAUSE (Final disease or condition	1.01			-				Onset and	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	CAR	ploviosa	mon	0150	DSV		
Z	Construction that are distance	lb							į	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):						
SE	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE O	F):		<del></del>				
ERT	resulting in death) LAST	d								
	PART II. Other significant condition	s contributing to death b	ut not resulting	in the underlyi	ng cause given in	Part I, 24a.	WAS AN AUT	TOPSY 248	. WERE AUTOPSY FI	INDINGS
EDICAL				1100012001			PERFORME	D?	AMAILABLE PRIOR COMPLETION OF (	TO
Ξ							EDP (		OF DEATH?	NO
PHYSICIAN:	OF MAC OVER DELEGACION TO VARIOUS						6127	029		
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: 1 Personal Properties of Death (Check only one)  OTHER: 1 Personal Properties of Death (Check only one)							-		
H	27. MANNER OF OEATH	26s. DATE OF INJURY	26b. TIM	E OF 28c. II	JURY AT	6 Other (Spe 28d. OESCRIB		RY OCCURED		-
ВУР	1 Statural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		YES 2 NO					
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, off	ce	28f. LOCATION City or You	(Street and i	Number or Rural	Route Number,	
PLE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurr	ed at the time, de	ts and place, and due	to the cause(s)	and manner	as stated.		
NO.		R: On the basis of sxamination							s) and menner as s	tated.
BE C	296 SIGNATURE AND TITLE OF CERTIFIER	. 1/			29c. LICENSE NUI	MBER	29	d. DATE SIGNED	(Month, Day, Year)	$\neg$
TO B	Mounto los	youll.			0.C.	M.E.	'	12 03	3 1992	
	30. NAME AND ADDRESS OF PERSON WH					2 . 1				
	Margarita A. K	OLGIT, MA	ATURE	renn S	treet, I	Baltim	ore,	Mary.	Land 2	120
	DEC 0 4 1992									

HURPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

HURPIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be at the case of the marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

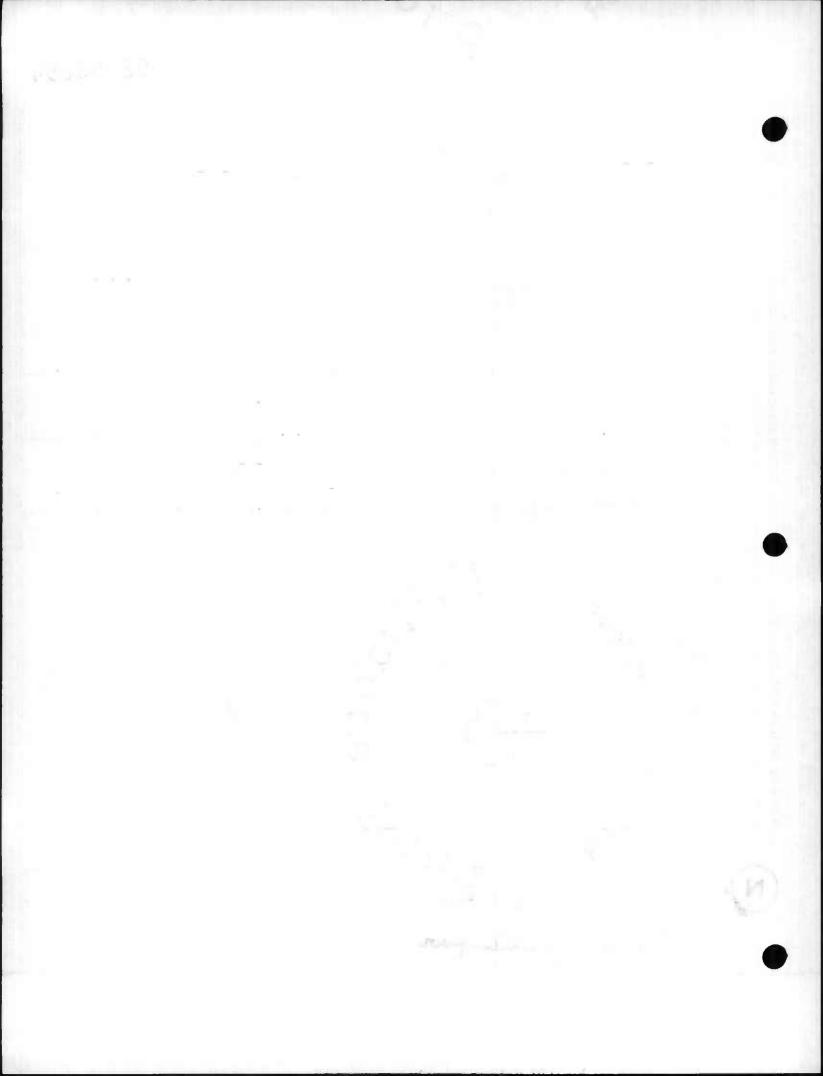
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page \$ mounts after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
Jer.	Mal the
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Pon	5 6
24	fill jon.
within	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi In 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND	MENTAL	HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		04	<u> </u>	T DEATH	2. DATE	OF DEATH		3. TIME OF DEATH
	Robert W	lilson Bund	ly			MONTH		29,199	EAR
	State Hearth Course	SEX 6. AGE (In yr	s. last birthday)	IF UNDER 1 YEAR		7. DATE (	OF BIRTH Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	Sa. FACILITY NAME (If not institution, give street			AL CUEN TON	N OR LOCATION OF D		-25-19	19 De COUNTY	Maryland
2	Franklin Square H				n on Location of B Ussville	PEATH			
18	RESIDENCE OF DECEDENT	ospinu		- NO	ssucce			Bal	timore
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Baltimore	10c. CITY,	TOWN OR LO		undal	k		10d. INSIDE CITY LIMITS? 1 YES 2 NO
ĭ¥.	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	7653 Old Battle G	rove Road				212:			1.S.A.
E	11. MARITAL STATUS 12  1 Never Merried 2 Married	. WAS DECEDENT EVER IN U.S FORCES? 1 TYPES 2	D(NO	If yes	DECENDENT OF HISPA , specify Cuben, Mexic	an, Puerto P	? (Specify Yes lican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc.
D BY	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES		10'	YES 2 NO Spec	rry:			specify: White
TED	15. DECEDENT'S EDUCATH (Specify only highest grade com	pleted)	(Give kind of wo	SUAL OCCUP. ork done during	ATION most of working	16b.	KIND OF BUS	SINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12) C (UNRNOWN)	ollege (1-4 or 5+)	Crane				Bethl	ehem S	Steel Corp.
8 8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, A			
BE S	Frank Richard Bund	У					idshaw		
2	190. INFORMANT'S NAME (Type/Print)  Robert S. Bundy				et and Number or Rural				
9	20a. METHOD OF DISPOSITION	20b. PL/	ACE AND DATE OF	DISPOSITION	I/Name of	CATE	200 100	CATION CIN	ille, MD21084
E	1 M Burtiel 2 Cremation 3 Removal from State    Complete, grandory or pine place    Parkwood Cemetery   12 3 92   Bau					ltimor	e. Maruland		
examiner must be notified at once  TO BE CON	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Duda—Ruck Funeral Home of Dundalk, Inc.  7922 Wise Ave. Dundalk, Maryland, 21222								
or other traumatic event, the medical	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate								interval Between
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d								
23 snows any injury, AN: MEDICAL CE	PART II. Other significant conditions of	ontributing to death but r	not resulting in	the underly	ving cause given in	Part I.	24s. WAS AN PERFOR 1 X YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			PLACE OF DEATH (C	heck only on	0)		
YSI	1   YES 2   NO   1)	Inpatient 2 ER/Outpatier	nt 3 🗆 DOA		iome 5 🗆 Residence	6 C Other	(Specify)		
PH /	27. MANNER OF DEATH    Natural 5   Pending	26e, DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY	INJURY AT WORK?	28d. DE\$	CRIBE HOW II	NJURY OCCUR	RED
TED BY PH	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	At home, farm, str	farm, street, factory, office 26f. LC		261. LOCA City o	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29a. CERTIFIER (Check only one)  29a. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)									
							ause(s) and manner as stated.		
BE								IGNED (Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO CO	MANUFACTOR CALLOR OF DEATH	ATEM 27 G- 1	2-1-11	12416	80		11/2	19/92
	Adolph H Wychuli	is 404 Easter	n Avenu		ltimore M	aryla	nd 21	1221	1
	UEC 0 4 1992 4	- Davidon Harry	N.						

DHMH-16 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlanth be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEI		2 33895
	1. DECEDENT'S NAME (First, Middle, Last)  Donald	Fowl Dev				2. DATE OF DEATH MONTH	DAY Y	S. TIME OF DEATH  2 3 0 A M
	4. SOCIAL SECURITY NUMBER	1011	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	12- 01		BIRTHPLACE (State or Foreign
	233-52-8691	1 € M 2 □ F	57 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 04-13-35		West Virginia
æ	9a. FACILITY NAME (If not institution, give :	All Control of the Co			OR LOCATION OF E	DEATH	9c. COUNTY	OF DEATH
CTO	Howard County G			Colu			Ho	oward
FE	10e. STATE 10b. COUNT			Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
LD	Maryland Howai	rd County		Dayton				1 TYES 2 NO
RA	13721 Howard Ro	nad.		16	M. ZIP CODE		191-	OF WHAT COUNTRY?
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	12 470 05	21036	ANIC ORIGIN? (Specify Ve		S.A.
BY FUNERAL DIRECTOR	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	S 2 NO	If yes, a	pecify Cuben, Mexic S 2 NO Spec	en, Puerto Ricen, atc.)	14 or No	. RACE — American Indian, Black, White, etc. Specify: White
ED	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF BI	ISINESS/INDUS	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during m se retired.)	ost of working			
MP		4	Engine	ering T	echnicia	n N	.A.S.A.	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide	Sumame)	
BE	Howard Ear ]  19s. INFORMANT'S NAME (Type/Print)	. Bower			Ed	ith Lenora	Johnso	on
5	Mrs. Sarah A. Bo					Route Number, City or To		de)
	20a. METHOD OF DISPOSITION		0b. PLACE AND DATE			oate 20c L		or Town, State
	1 Donation 8 Other (Specify)	ovel from State	emetery, crematory or o	ther place)	ion Com	. 12/2 H	CATION CITY	or lown, State
N.	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ carrorr	22. NAME A	ND ADDRESS OF F	ACILITY		
- 2	> Brian	D. Hay	elt	Sv	resville	ral Home (1 MD 21784	(410)	705 1400
	23. PART I. Enter the diseasea, or ahock, or heart failure.	complications that cause in List only one cause on	ed the deeth. Do r	not enter the me	ode of dying, su	ch as cardiac or resp	iratory arrest	. Approximate
	IMMEDIATE CAUSE (Final							Interval Batween Onset and Death
- 1	resulting in death)	B. RESPICA	MY Brei	+4				
Z		b. H PATIC		,	hy + Co	ma		
CERTIFICATION								
임	CAUSE (Disease or Injury that initiated events	c. Ne faste	A CONSEQUENCE OF	D: ( 4 1	cic to	11066		
E	resulting in death) LAST	d.		•				
	PART II. Other algolificent condition	a contributing to death	but not consistent	- Ab dddd		1		
PHYSICIAN: MEDICAL		6				PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDI	division of the second	1 60 (3010)	1111	AMERIXIO	Calke	1 TYES	2 NO	OF DEATH?
≥ :						—		1 TES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)		
SIC	EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)		
F	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУ	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, a ecify)	treet, factory, offic	ie .	281. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,
PLE	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wledge, death occurre	d at the time, date	end place, and the	to the cause(s) and me	oner as stated	
OM	(Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.  MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.							ruse(e) end manner ee stated.
w II	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			GNEO (Month, Day, Year)
0	Jon X. m	mel			0 365	73		- 2-92
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D			r sider	NO 21011		
	DEC 04 1992	9 12 HEGISTING'S SIG				31042	7 7	
	DE0 0 - 133K	U						

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Item 23 shows any injury, or other traumatic event, the medical

MEDICAL CERTIFICATION

COMPLETED BY PHYSICIAN:

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signed by the attending physician and completely filled in by the funeral director, page 5 should be Heatth and Mental Hygiene prior to burial, cremation, or removal.

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MAIN OF VITAL RECORDS, P.O. BOX 68760	TENTRY BHYSICIAN: The law requires that the death certificate be executed with
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IMPORTANT: If Item 28 is marked,

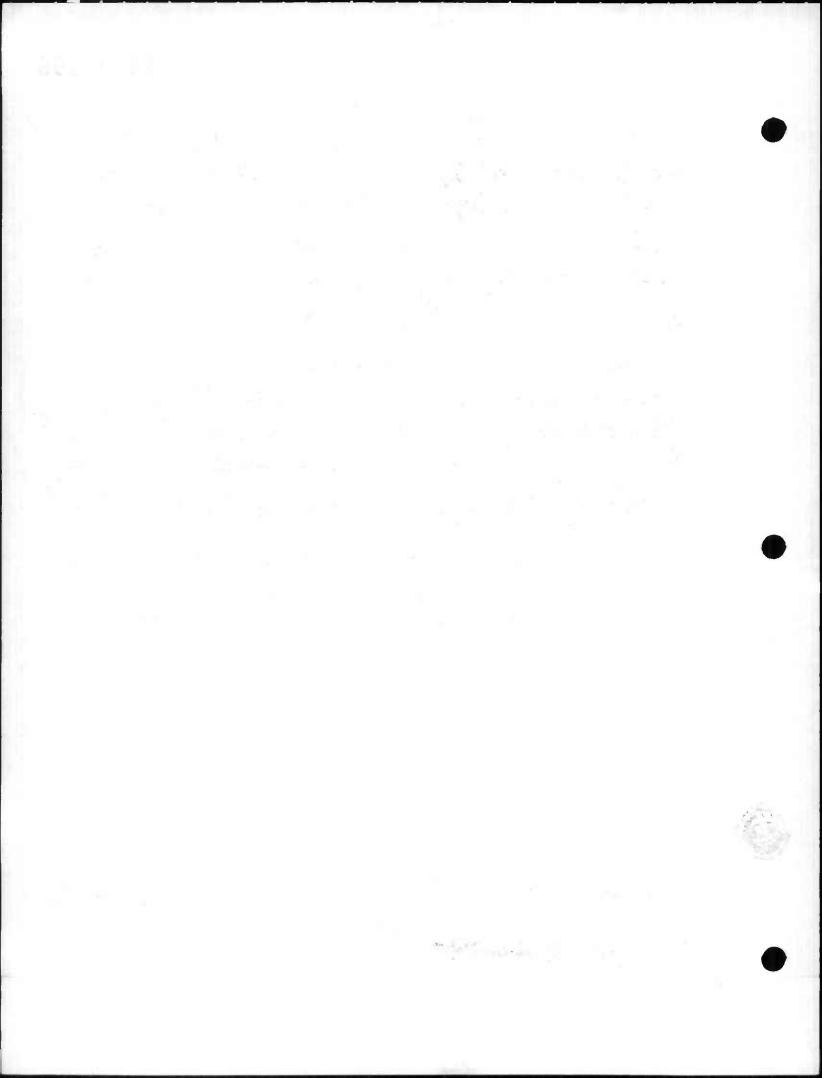
	FOR 1 - STATE REGISTRAF
Į)	1. DECEDENT'S NA
JIMECTOR	4. SOCIAL SECURION SECURION SECURITY NAME RESIDENCE (104. STATE)
BY FUNERAL L	10e. STREET AND  10. OO  11. MARITAL STATU  1 Never Marrier  3 Widowed
אררב ו בר	(S Elementary/Sec
200	17. FATHER'S NAME
2	194. JNFORMANT'S
0.000	20a, METHOD OF E 1 Burlal 2 - 4 Donation 5
	21. SIGNATURE OF
	23. PART I. Enter shoot IMMEDIATE CAN disease or cond
- 1	resulting in dea

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH AME (First, Middle, Last) 3. TIME OF DEATH :00 м 6. AGE (In yrs. last birthday) E UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F HOURS YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 0 OWSON OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? TORE 1 YES 2 NO NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21224 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 THO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ves or No-US 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, P.

1 YES 2 NO Specify: d 2 Marri IF YES, GIVE WAR OR DATES 4 Divorced 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ery (0-12) College (1-4 or 5+) E (First, Middle, Last) 18. MOTHER'S NAME (First, Mile) 1c 08 NAME (Type/Print) 21047 STON DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE ation 3 🗆 Re FAITH CO Other (Specify) FUNERAL SERVICE LICENSEE 21224 ter the diseases, or complications that caused the death. Do not enter the mode of dying, ick, or heart failure. List only one cause on each line. Interval Between USE (Final dition -Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury BRO VAS DUE TO (DR AS A CONSEDUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 🗆 Residence 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 ND 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER

(Chack note: 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated. 2  $\ \ \ \ \$  MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion 86

30. NAME AND ADDRESS OF PERSON WHO COM PLETED CAUSE OF DEATN (ITEM 27) (Type, Print) ST. JOSEPH 12 REGISTRAN'S SIGNATURE



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	DEC NO

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Li  L  L  4. SOCIAL SECURITY NUMBER	ARDS L.	BRITTING	11-28	DAY - 92	10:30 M						
	2/6-0/-5662 12 M 2 □ F 7/7 YRS. MONTHS DAYS HOURS MIN. (Mynth, Day, Year) 91.5 Country OF DEATH  98. FACILITY NAME (If not institution, give street and number)  98. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH											
DIRECTOR	8/0 S. EH-WOOD AVE BALTIMOFE  RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  10d. INSIDE CITY											
AL DIR	MD.  BATTIMOLE  100. STREET AND NUMBER  101. ZIP CODE  10g. CITIZEN OF W											
FUNER	8/0 S. ELLINCOD AVE. 2/224 U.S.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ABMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No											
D BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE WAR OR DAT	res 1	yes, specify Cuban, Maxic  YES 2 NO Speci		В	RACE — American Indian, Black, Whita, atc. Specify:					
APLETE	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USUAL OC (Give kind of work done of the Do NOT use retired.)	ring most of working	BALTI	D. CIT	y/					
BE COMP	17. FATHER'S NAME (First, Middle, Last) SAMUEL [	BRITTINGHA		CLAI	AME (First, Middle, Melder DIA EL	DWARI	S					
5	196. INFORMANT'S NAME (Type/Print)  ESTELLA M. BRITTINGHAM 810 S. ELLUSOD AVE. BACTO-MD. 24224											
	20b. PLACE AND DATE OF DISPOSITION   OATE   20c. LOCATION - City or Town, State   20b. PLACE AND DATE OF DISPOSITION (Name of Compations of Co											
	23. PART I. Enter the diseases, of complications that ceused the gleath. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate											
	shock, or heart faller IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List Only One cause on eac	the geath. Do not enter to the line.  Mass Lub consequence of:			liratory arrest,	Approximate interval Between Onset and Death					
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST											
: MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part 1 24a. WAS AN AUTOPSY PREFORMED?  Character of Completion of Cause of Completion of Cause of Death?  1 YES 2 NO  1 YES 2 NO											
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (CH								
PHYS	1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outpati		Bc. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW I	INJURY OCCURED						
TED BY	2 Accident Investigatio 3 Suicide 8 Could not to 4 Homicide determined	28s DI ACE OF IN HURY	At home, ferm, street, factor	1 YES 2 ND	28t. LOCATION (Street City or Town, State)	and Number or Rura	of Route Number,					
OMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PH'	/SICIAN: To the best of my knowled	igs, death occurred at the tim	e, data and place, and dua	to the cause(s) and man	nner se stated.	NO and manner size -					
TO BE CO	296. SIGNATURE AND TITLE OF CERTIF	CR MI		29c. LICENSE NUI	WBER		ED (Month, Day, Year)					
	100 M . DA	WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print)	io, Mis								
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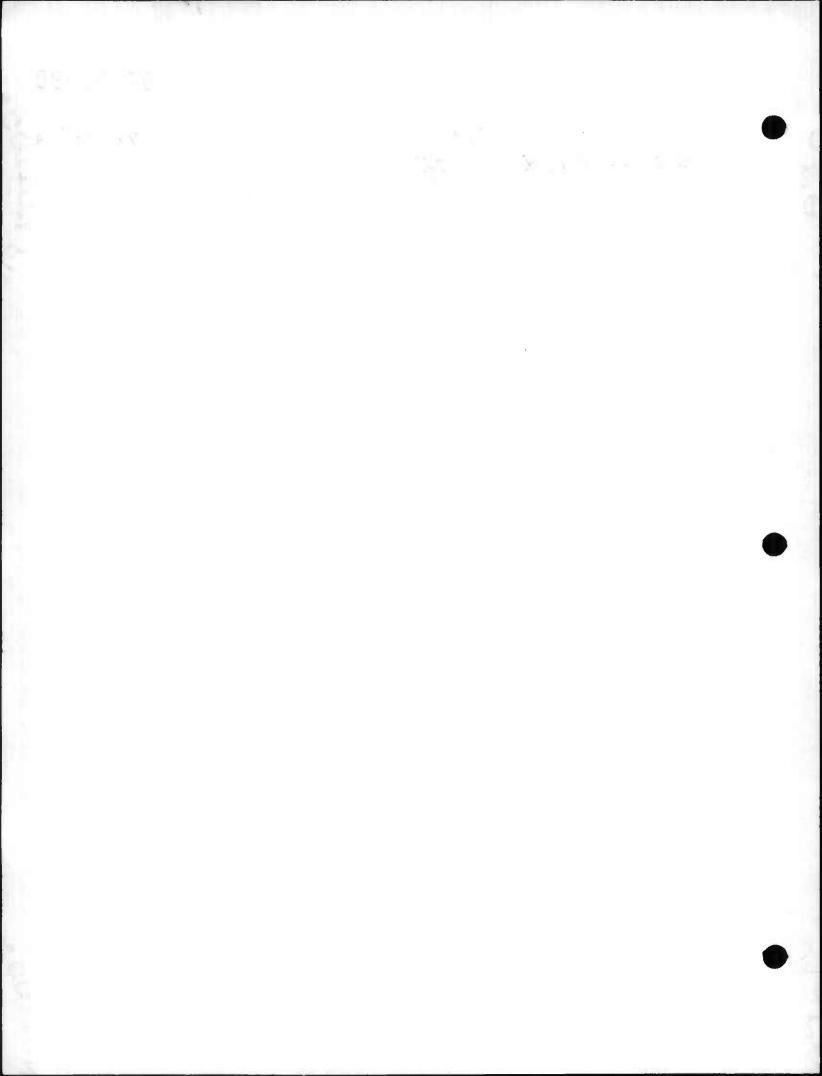


DHMH-16 Rev 1/89

	Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or annufing process. ed in by the funeral director, page 5 should be detached for use the truli- or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the nospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use the funeral processor. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 03 05A" 12 Stephen T. Cestaric 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Yea IRTHPLACE (State or Foreign 1 M 2 - F DAYS HOURS 10/22/1957 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH ACUTE 9c. COUNTY OF DEATH DIRECTOR BALTIMOLE ENTER RESIDENCE O AIDS UNIT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Riviera Beach 1 🗌 YES 2 🔀 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8563 Main Avenue 21122 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XINO 1 Never Married 2 Married 1 - YES 2 NO BY Specify Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 2 years Car Sales Supervisor the medical examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Stephen Cestaric Sr. Helen Maria Metcalf BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard G. Moore 8563 Main Avenue Riviera Beach, Maryland 21122 20s. METHOD OF DISPOSITION

1 M Burial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Cedar Hill Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or o molications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final **Onset and Death** disease or condition . Disseminated M- avium 7-months resulting in death) marked, or Item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) Deficiency Equired Immune 6 years PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? CMV Retinitis. 1 YES 2 NO OF DEATH? PCP. 1 YES 2 NO n/0 Cryptrocco5,3 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: flent 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 20d. DESCRIBE HOW INJURY OCCURED 1 Antural 5 Pending investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is COMPLETED 6 Could not be 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT; If Item 20 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, occured at the time, date and place, and due to the cause(s) and manner as stated. E AND DITUE OF CERTIFIER 29b. SHIMATU BE 29d. DATE SIGNED (Month, Day, Year) 29c LICENSE NUMBER 03839 9 SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1830 E. Monument Gallant, MD 31. DATÉ FILEO (Month 32. REGISTRAR'S SIGNATURE 1992 his Savidson-Rondelle



burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dent, of Health and Mental Hyclere prior to burial cremation, or removal	PORTANT: Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutiled at once.

92 33899 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR COLBERT THADEUS e N 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1X M 2 | F MONTHS DAYS HOURS YRS. Sa. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? TIMOR 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? US 1A-C 21216 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify ti yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE -- American Indian, Black White etc. tl yes, specify Cubs 1 Never Married 2 Married 1ACK BY Specify: 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) DISAble 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname KeeVeR BE 2 Ath LAND BA 21216 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (No AWN TIMORE ☐ Donation 5 ☐ Other (Specify) WILLAM CILLATA
1746 WINORTH 21. SIGNATURE OF FUN 22. NAME AND ADDRESS OF FACILITY
WILLIAM C. BROL COMMUNI 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 □ Inpatient 2 □ ER/Outpatient 3√0 00A OTHER: 1 YES 2 NO 5 - Residence 6 - Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 5 Pending investige 1 Natural Accident BY 1 YES -28-1992 12:03A VICTIM OF HOUSE FIRE 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) Sulcide COMPLETED 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be 4 📋 Homicide HOME 4303 MIAMI PLACE 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the basis of exam occured at the time, date and place, and due to the cause(s) and manner as stated RE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 DEGISTRAR'S SIGNATURE

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IMPORTANT: If Item 28 is marked, or

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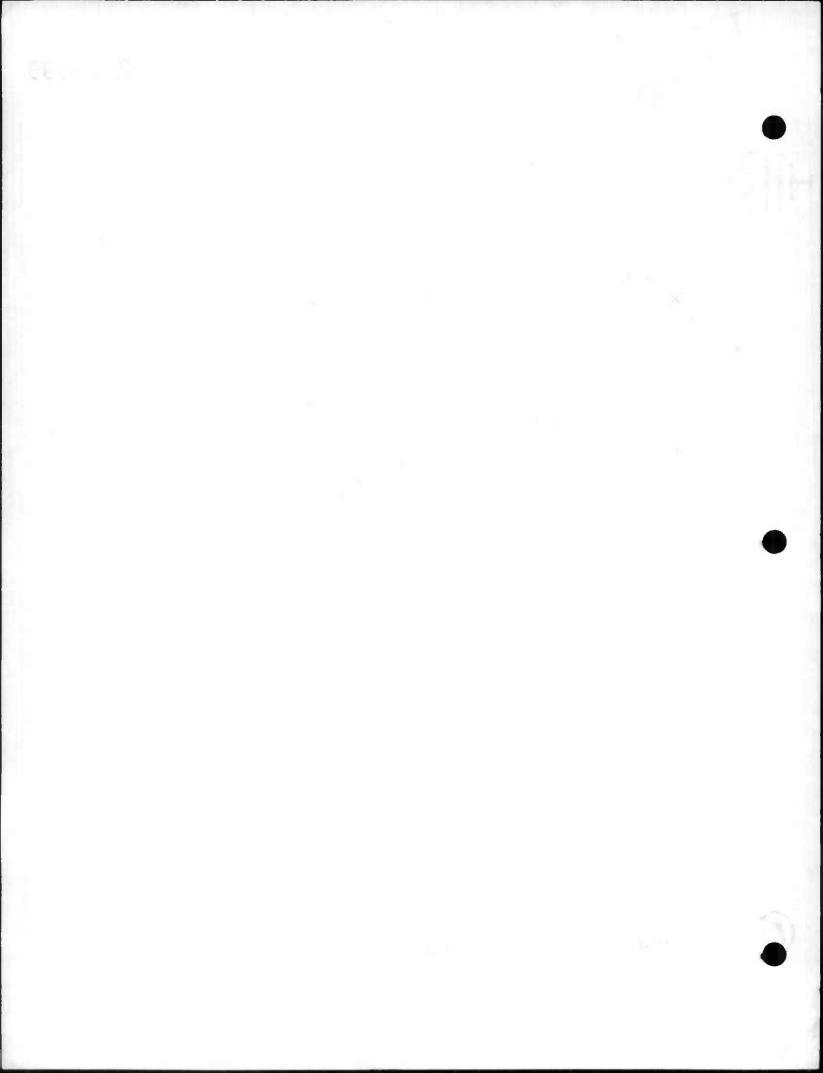
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**DHMH-16 Rev 1/89** 

11- 28- 1992

O.C.M.E.

PENN STREET BALTIMORE, MARYLAND 21201



BALLIMORE, MARYLAND 21215-0020	hours effer death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 68/60, BALLIMORE, MARYLAND 21215-0020	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours effer death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	FORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DEC 04 1992

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DONTE/ COLBERT 1:00 AM 11 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR # UNDER 24 HRS. 7 DATE OF BIRTH B. BIRTHPLACE (State or Foreign th, Day, Year) 1 X 4 2 F 5 HOURS YRS. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4303 MIAMI PLACE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mal TIMORY YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 430 21216 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 Merri IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BIAC COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life! Do NOT use stired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY student Elementary/Secondary (0-12) College (1-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiglen Syrnem BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow n, State, Zip Code 9 bert 4403 BA MORE 9 20a. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Tox DATE Must to. vettry dematory diother place) Md 21. SIGNATURE OF FUNERAL SERVICE LICENSE examiner 22. NAME AND ADDRESS OF FACILITY
WILLIAM C. BROKON COMMUNITY Kellen 1206 4 No medicai 23. PART 1. Enterthe diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death ş disease or condition\_ 26 resulting in death) event, DUE TO (OR AS A CONSEDUENCE OF): marked, or item 23 shows any injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 X YES 2 NO ne 5X Residence 8 Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 12:03m 5 Pending Investige BY 28-1992 1 TES ZXNO VICTIM OF HOUSE FIRE 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) HOMESulcide ETED 90 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 28 4303 Miami Place COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Check only 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) **▶** 11 - 28- 1992 O.C.M.E 2 VHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CM SUK 111 PENN STREET BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should I Mental Hygiene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within has been signed by to Dept. of Health and DIRECTOR: After this certificate hours after death with the State Item 28 is marked, or item TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT; If item 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH MONTE/ 28 COLBERT 1:26 Ам 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Your IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 D F DAYS HOURS VBS Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR LIBERTY MEDICAL CENTER BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY\_TOWN OR LOCATION Md. 10d. INSIDE CITY BALTIMORE 1 YES 2 | NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify anathr Cuben, Mexican, Puerto Rican, etc.) 4303 MIAM 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS If yes, specify Cuben, Mexican, F 2 Married IF YES, GIVE WAR OR DATES COMPLETED BY 3 Widowed 4 Divorced 15. DECEOENT'S EDUCATION lecify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work do intary/Secondary (0-12) College (1-4 or 5+) Child once. 17. FATHER'S NAME (First, Middle, East) 18. MOTHER'S NAME (First, Middle, Maiden Surname) eodo RIC notified at BE 19b. MAILING ADDRESS (Str 2 AVE BA 0 Md. 21216 9 20a. METHOD OF DISPOSITION

1. Burlal 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 ☐ Donation 5 ☐ Other (Specify) Ho the medical examiner 21. BIGHATURE OF FUNCIONS. BERVICE 22. NAME AND ADDRESS OF FACILITY
WILLIAM C. BROWN COMMUNIT collen 1206 W.NORth 23. PART I. Sinter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition inhafation Smoke resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY shows any 1 TES 2 NO 1 YES 2 NO item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 - NO 1 | Inpetient 2 | ER/Outpatient 3 NOOA ne 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 11-28-1992 2:03A 1 YES TO NO VICTIM OF HOUSE FIRE 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🗌 Homicide HOME 4303 MIAMI PLACE 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2½ VMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2XXMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) d & U Man right MD O.C.M.E. 11- 28- 1992 2 30. NAME AND ADDRESS OF PERSON WHO COL LETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET BALTIMORE, MARYLAND 21201 DONALD G. WRIGHT MO 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE DEC 04 1992

DHMH-16 Rev 1/89

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9:25 A M

ASP ITEMS: 23 PART I,27,28a,b,d,e,f PER MEO G-695 1/26/93 reb

	1 - FOR STATE REGISTRAR	STATE OF MARY				HEALTH AND DEATH		HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle,	Last)					2. DATE OF	DEATH		3.	TIME OF DEAT	н
	JEFFREY	Α.		(	CARTE	R	12	0.1		2 9	:25	A
	4. SOCIAL SECURITY NUMBER		E (In yrs. les		UNDER 1 YEAR		7. DATE OF (Month, L		8.	BIRTHPLA Country)	CE (State or For	reign
	212 84 4012	1 💢 M 2 🗆 F	31	YRS.		MOONS MM.	1	0/61		61		
α	9a. FACILITY NAME (If not institution,	give street and number)		96	. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH	1	
20	2600 ESSEX	RD APT#204	-		Balt	0			BAL'	TIMC	RE	
DIREC	10a. STATE 10b. Co				OWN OR LOC					100	I. INSIDE CITY	
			Baltimore								XYES 2	NO
FUNERAL	2600 Essex I	Rd.			:1	21207			10g. CITIZEN	US	COUNTRY?	
	11. MARITAL STATUS  1 Nover Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 1	MED IO	If yes, s	ECENDENT OF HISPI specify Cuben, Mexics S 2 NO Specific	can, Puerto Ric		or No- 14.	RACE — Black, Wi	American India nite, etc.	n,
9	3 Widowed 4 Divorced				''	is a pigno open	у.	Blac	k			
ETED.	15. DECEDENT'S (Specify only highest		(G	CEDENT'S USI	done during n	nost of working	16b. K	IND OF BUS	INESS/INDUS			
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		ietic	201		NI	rain	g Hon	2.0		
COMPL	17. FATHER'S NAME (First, Middle, Las	()	1	10010	, Lan	18. MOTHER'S N				ile		
TO BE C	Willie Lee	Carter				The same of the sa		Pitt	,			
10 B	19a, INFORMANT'S NAME (Type/Print)		196	. MAILINO AD	DRESS (Street	and Number or Rura				cle)		
F	Mary Cart	6705 Wilmont Drive Balto., Md. 21								207		
	20a, METHOD OF DISPOSITION  10: Burlal 2	Removal from State	emetery, cre	MAND DATE OF D matory or other DEV V	ISPOSITION (	Vame of	DATE 20c. LOCATION — City or Town, State  12/7  Balto Md					
	21. SIGNATURE OF FUNERAL SERVI		DULA	ney v	22. NAME 7	AND ADDRESS OF F	ACILITY			Md	•	
	> James	a. Mosa	an	,		es A. M l Laure				Ма	212	17
	23. PARTJ. Enter the diseases shock, or heart fail	, or complications that caus ure. List only one cause on	ed the de	ath. Do not	enter the m	ode of dying, su	ch aa cardia	c or respir	ratory arrest	110	Approxima	te
	IMMEDIATE CAUSE (Fine)	was to the same and									Onset and	
1	resulting in death)		DUE TO (OR AS A CONSEQUENCE OF):									
7		DUE TO (OH AS										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate											
SA	CAUSE (Disease or Injury											
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEC	DUENCE OF):								
HH H		d										
AL CE	PART II. Other algolificant cond	litions contributing to death	but not r	esulting in t	ne underlyi	ng cause given i	n Part i. 24	la. WAS AN			RE AUTOPSY FIN	
Ĭ							1	YES 2		CO	PLETION OF C	
: MEC							_   ′				YES 2 N	ю
N N												
PHYSICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 X YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	stnetlant 2	O 004	HER:	me 5 Residence						
ву РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY	1	28b. TIME OF	28c, IA	JURY AT	_		JURY OCCUR	ED		
ВУ Р	1 Natural 5 Pending 2 Accident Investiga	(Month, Day, Year)		UNK		ORK? YES 2 NO	UNKNO	W M				
	3 Suicide 6)() Could no	28e. PLACE OF INJUR	RY — At ho		t, factory, off	íca	28f. LOCATE		nd Number or	Rurel Route	Number,	
LETED	4 Homicide determin	UNKNOWN					UNKNO					
IPL		PHYSICIAN: To the best of my kno										
COMPL	2X MEDICAL EXA	MINER: On the basis of examinet	ion end/or i	nvestigation, in	my opinion,	death occured at th	e time, date an	d place, and	due to the c	euse(s) and	l manner ae st	sted.
ш	200 SIGNATURE AND TITLE OF CER	TIFYER / NA	1			29c, LICENSE NO	JMBER		29d. DATE SI	GNED (Mo	oth, Day, Year)	
8 0	11aun	Lozhell	W			0.C.1	M.E		12	-02-	1992	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
UEU U 4 1992

111 Penn Street, Baltimore, Maryland

DHMH-16 Rev 1/89

21201

thending physician.	e as the burlal-transit permit. Pages 1, 2, 3 should	
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be considered that be not been been and Mental Hygiene prior to burlal, cremation, or removal.	al examiner must be notified at once.
death certificate be executed within 24 hours at	attending physician and completely filled in by ental Hygiene prior to burial, cremation, or remo	I flem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
VDING PHYSICIAN: The law requires that the	: After this certificate has been signed by the cleath with the State Dept, of Health and Me	is marked, or item 23 shows any inju
AL OR ATTE	L DIRECTOR	f Item 28

92 33903 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE REG. NO.	92	33903				
	1. DECEDENT'S NAME (First, Middle, Lest)  Robert Lee		Conley			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH				
н	4. SOCIAL SECURITY NUMBER  214-14-8922  9a. FACILITY NAME (if not institution, give str	5. SEX 6. AGE (In 1 2 F 72	yrs. last birthday) IF L YRS. MON 9b.	CITY, TOWN O	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-14-20 EATH 9c. 0	Pe COUNTY OF I	nnsylvania DEATH				
DIRECTOR	1011 Arundel S RESIDENCE OF DECEDENT  104. STATE  105. COUNTY  MD  Anne	Arundel	10c. CITY, TO	www.or.cocati		I A	Anne Arundel  10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	CITIZEN OF	1 □ YES 2 □XNO WHAT COUNTRY? USA									
BY FUNERAL	1011 Arundel S  11. MARITAL STATUS  1  Never Married 2 Merried  \$\forall \text{Widowed} 4 \cup \text{Divorced}	12. WAS DECEDENT EVER IN FORCES? 1X XYES IF YES, GIVE WAR OR DATE	U.S. ARMED 2 NO	13. WAS DECE	1108  NDENT OF HISPAN City Cuban, Mexica	NC ORIGIN? (Specify Yes or No. n, Puerto Rican, atc.)	Blec	E - American Indian, ick, White, atc.				
COMPLETED	15. OECEOENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION Sompleted) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retil Civil	done during mos red.)	of working	166. KIND OF BUSINESS		10 3				
BE COM	17. FATHER'S NAME (First, Middle, Lest) Lee R. Conley					ME (First, Middle, Melden Sumer an Krause	10)					
TO B	190. INFORMANT'S NAME (Type/Print) Caroline Lushb	augh				Poute Number, City or Town, State,		rsville,MD				
	20a. METHOD OF DISPOSITION 1 Burlel 2 © Cremation 3 Remort 4 Donation 5 Other (Specify) 21. SIGNATURE OF PANEMAL SHARCE LICE	val from State ceme	tro Cren	natory 22. NAME AND	ADDRESS OF FAC	DATE 20c LOCATION Baltin	nore,	MD				
	IMMEDIATE CAUSE (Final disease or condition	omplications that caused let only one cause on ear	the death. Do not e	12 Ri	dgely	Ave. Annapo	olis, arreat,	MD 21401 Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  B. CLMCU The Lung The Lung Due TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other algnificent conditional	contributing to deeth bu	o male	e underlying	couse given in	Part i. 24a, WAS AN AUTOP PERFORMED? 1 YES 2 DAYO		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
PHYSICIAN:		HOSPITAL:		HER:	CE OF DEATH (Che							
ву Рну	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJU WOR 1 YE	RY AT	8 ☐ Other (Specify)  28d. DEŞCRIBE HOW INJURY	OCCURED					
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specify	- At home, ferm, street,	, factory, office		28f. LOCATION (Street and Nun City or Town, State)	nber or Rural	Route Number,				
COMPLET						to the cause(e) and manner se time, date and place, and due t		a) end manner ee stated.				
TO BE	290 SIGNATURE AND TITLE OF CERTIFIER  2014 M. R. Law  30. NAME AND ADDRESS OF PERSON WHO	Jky.m.Q			D1723	18ER 29d. [		(Month, Day, Year)				
	31. DATE FILED (Month, Day, Year)	LARDSON  32 REGISTRAT'S SIGNA	, mo.	104 7	oxpes	Stapp A	NA	20/15, Mdz140				
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-	1 - STATE REGISTRAR	Ontile of infattle	AND / DEPART CERTIFIC			MEN IAL	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH DAY	YEAR	3. TIME OF DEATH		
	JOHN 4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE /		DIFT	<del>-</del>			1992	9:56 A M		
	216-18-4591	1 M 2 □ F 77	7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1130,1	915 N	orthplace (State or Foreign Intry) Maryland		
TOR	Se. FACILITY NAME (If not institution, give street and number)  Franklin Square Hospital  Se. CITY, TOWN OR LOCATION OF DEATH  Baltimore  Baltimore										
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNT Maryland Ba	y 1timore	7.5	TOWN OR LOCA Perry H					10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 4307 Forge Road			10	7. ZIP CODE 21128		104		WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO			CENDENT OF HISPAN pecify Cuben, Mexican S 2XXNO Specify	(Specify Yes or N Ican, etc.)	s or No— 14. RACE — American Indian, Black, White, etc. Specify White				
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		ork done during me retired.)	ON ost of working	16b. KIND OF BUSINESS/INDUSTRY					
COMPLET	NA	NA	Brick						struction		
BE CO	17. FATNER'S NAME (First, Middle, Lest)  John Henry Dietz	Sr.				abeth	Huber				
0	Anna M. Dietz (W.	ife)	196. MAILING A 4307 F	orge Ro	and Number or Rural For ad, Perry	Ha11	er, City or Town, Sta , Md. 2	1128			
	20a METHOD OF DISPOSITION 1 🖸 Burlal 2 🗀 Cremation 3 🗀 Reim 4 🗀 Donation 5 🗀 Other (Specify)	PLACE AND DATE OF CHERRY CREMENTS OF	FDISPOSITION (NO. P. P. P. P. P. P. P. P. P. P. P. P. P.	Cemetery		Baltimore, Md.					
i i	21. SIGNATURE OF FUNERAL SERVICE LI	22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 9705 Belair Road, Balti						imore Md 21236			
	23. PART I. Enter the diseases, preshock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Myocard	ithe desth. Do no ech line.	rction	ode of dying, such	as card	ac or reapirator	ry arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. COronary Artery Disease  COronary Artery Disease  Due to (or as a consequence of):  Due to (or as a consequence of):										
F		DUE TO (OR AS A	CONSEQUENCE OF):	:							
		d			g cause given in	Part I.	24a. WAS AN AUTO PERFORMED 1 YES 2 N	?	4b. WERE AUTOPSY FINDINGS AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	resulting In death) LAST	d		the underlyin		_	PERFORMED  1 YES 2 N	?	AMILABLE PRIOR TO COMPLETION OF CAUSE		
SICIAN: MEDICAL	PART II. Other algorificant condition	d	ut not resulting in	the underlyin  26. P	ig cause given in l	ock only one	PERFORMED  1 YES 2 N	?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	ut not resulting in	26. PIOTHER: 4   Nursing Hon	LACE OF DEATH (Che	ack only one	PERFORMED  1 YES 2 N	?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
D BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	d	etient 3 DOA 200. At home, farm, str	26. PIOTHER: 4   Nursing Hon OF 28c. IN. RY M 1	LACE OF DEATH (Che ne 6   Residence JURY AT 7HK? YES 2   NO	6 Other 28d. DES	PERFORMED  1 YES 2 A	? NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
LETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1   Inpatient 2   ER/Outp  28e. DATE OF INJURY (Month, Day, Year)	ut not resulting in  etient 3 DOA  28b. Time NJU  — At home, farm, str	26. Pi OTHER: 4   Nursing Hon OF 28c. IN. WY 1   rest, factory, offic	LACE OF DEATH (Che ne 6   Residence JURY AT JES 2   NO	6 Other 28d. DES: 26f. LOCA City o	PERFORMED  1 YES 2 N  (Specify)  (Specify)  TION (Street and N  r Town, State)	? NO OCCURED lumber or Rura:	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	d	ut not resulting in  etient 3 DOA  28b. Time NJU  — At home, farm, str	26. Pi OTHER: 4   Nursing Hon OF 28c. IN. WY 1   rest, factory, offic	LACE OF DEATH (Che ne 6   Residence JURY AT JES 2   NO	28d. DES:	PERFORMED  1 YES 2 N  (Specify)  (Specify)  CRIBE NOW INJUR  TION (Street and N  r Town, State)  (e) and manner a  and place, and due	? NO  IV OCCURED  Jumber or Rura:  ne stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
LETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN  1   Natural 5   Pending Investigation 3   Suicide 6   Could not be determined  29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	etient 3 DOA 28b. Tille NJU  — At home, farm, str	26. POTHER: 4   Nursing Hon OF 28c. IN. WY 1   Test, fectory, offic	LACE OF DEATH (Che ne 6   Residence JURY AT ORK? YES 2   NO	26f. LOCAL City of to the cause time, data	PERFORMED  1 YES 2 N  (Specify)  (Specify)  CRIBE NOW INJUR  TION (Street and N  r Town, State)  (e) and manner a  and place, and due	? NO  IV OCCURED  Jumber or Rura:  the stated.  It to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  No Floure Number,		

		1. DECEDENT'S NAME (First, Middle, Last) Dorothy Day  2. Date of Death MONTH DAY YEAR 12 1 1992										TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yr		6. AGE (In yrs. In			EAR	EAR IF UNDER 24 HRS.		7. DATE OF BIRTH			8. BIRTHPLACE (State or Foreign	
	- 3	218-48-3089	1 🗆 M 2)()(F	62	YRS.		MYS	HOURS	MIN.	(Month	Day, Year) 24-193		Country)	Md
3 should		Se. FACILITY NAME (If not institution,	give street and number)	02		9b. CITY, T	DWN OF	R LOCATIO	ON OF DE		_T_120		TY OF DEA	
	DIRECTOR	591 Baker Street Baltimore												
Jes 1.	EC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10										Od, INSIDE CITY		
₹.		Md Baltimore											LIMITS?	
21215-0020 il or attending physician. for use as the burial-transit permit. Pages 1, 2,	FUNERAL	100. STREET AND NUMBER 591 Baker Street 107. ZIP CODE 21217 109. CITIZEN OF Y												
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NT EVER IN U.S. AI 1 YES 2	U.S. ARMED 2 NO 13. WAS DECENDENT OF HISPANIC OF 15 NO					n, Puerto F		or No-	14. RACE - Black, \ Specify:	- American Indian, White, etc. Black	
1215 r attend use as	8	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. Di	ECEDENT'S	USUAL OCC	JPATIO	N 1 of wastin		16b.	KIND OF BUS	SINESS/INDU	STRY	DIACK
3	COMPLETED	Elementary/Secondary (0-12)	Coflege (1-4 or 5	44.	. Do NOT u	se retired.)	ing most	e or working	9					
AN the hor detach	Ö	17. FATHER'S NAME (First, Middle, Le	*		-						liddle, Meiden	Surname)		
MARY! retained by 5 should be	BE	John Countes	-							n Bai				
	9	Earl Day, Sr	·	19	591 I	Baker	Str	eet	Bal	timor	e, chy or Tow e, Md	2121	7	
ORE, e 6 may be ector, page must be		20a. METHOD OF DISPOSITION 1  Buriel 2  Cremation 3  4  Donation 5  Other (Specify,		cemetery, cri		OF DISPOSITI				DATE		CATION — C		
death. Page tuneral directions.		21. SIGNATURE OF FUNERAL SERVI			ulawi			DADDRES	SS OF FA	12592 CILITY	Z I Ba	ltimo	re, I	40
		March F/H West  4300 Wabash Avenue  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata												
24 hours of filled in the tion, or re-		23. PARY I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ME	of caused the deuse on each line	ο. Γ(C	B							st,	Approximata Interval Between Onset and Death
68 and cand buria	NOI	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
	CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury												
P.O. th certi	CERTIFICATION	that initiated events  resulting in death) LAST  d.												
N 2 0 5 2		PART II. Other significent con-	iltions contributing to	death but not	resulting	In the unde	rlylng	cause g	given in	Part I.	24a. WAS AN	AUTOPSY	24b. W	VERE AUTOPSY FINDINGS
RECORDS, requires that the dear een signed by the att of Health and Merita shows any injury.	MEDICAL										PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
C 5 5 5	- 1									_			'	YES 2 NO
VITAL IAN: The law tificate has t e State Dept or item 23	SICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:				28. PL/	ACE OF DI	EATH (Ch	eck only on	)			
F VI SICIAN: certifica the St	YSI	1 TYES 2 NO	1 Inpetient 2	☐ ER/Outpatient :	_	OTHER:		_	sidence	6 🗆 Other	(Specify)			
○芸芸書	BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigs		F INJURY Day, Year)	28b. TIN	JURY	WOR		) NO	28d. DES	CRIBE HOW I	NJURY OCCL	PRED	
ISIC TTEND TOR: A after d	ETED	3 Suicide 8 Could no determin	n building	OF INJURY — At he , etc. (Specify)	ome, farm,	street, factor	, office				TION (Street and Town, State)		r Rural Rou	rte Number,
DIV DIRECTOR A DIRECTOR A NOTE II from	COMPLI		PHYSICIAN: To the best of AMINER: On the bests of a											ind manner as stated.
No.	BE	296. SIGNATURE AND TITLE OF CER	H III	2001/2				29c. LICE	RISE NUN	ID (	0	29d. DATE	SIGNED (A	Honth, Day, Year)
	2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAU			JE S	T	-, 1	BA	1711	70 R	z- 1	40	21701
		DFC 0 4 1992	fulla tende	AR'S SHOUATURE	L		- 1				5- 10			

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL CATE OF DE		AL HYGIENE REG. NO.	16	00,00
1. DECEDENT'S NAME (First, Middle, Last) CLARENCE	E. DENNI	S , JR.		MOR	E OF DEATH	YEAR	
4. SOCIAL SECURITY NUMBER		, , , , , ,	FUNDER 1 YEAR IF UN		E OF BIRTH		THPLACE (State or Foreign
216-32-7373	1 M 2 □ F 53	YRS.	ONTHS DAYS HOU	SE]	oth, Dav., Year) PT 08 19	39 MA	RYLAND
90. FACILITY NAME (If not institution, give UNIVERSITY HOS		9	BALTIMO			9c. COUNTY OF	OEATH
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	TY	10c CITY Y	OWN OR LOCATION				10d. INSIDE CITY
MARYLAND BAI	TIMORE		LANSDOWNE				1 LIMITS?
100. STREET AND NUMBER  20 HAZEL AVENU	JE 1		101, ZIP C	2122°		USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES	N U.S. ARMED 2 NO NATES		T OF HISPANIC ORIG uban, Mexican, Puere NO Specify:		Ble	CE American Indian, ock, White, etc.
15. DECEDENT'S ED (Specify only highest grad	UCATION in completed	16a. DECEDENT'S US	UAL OCCUPATION t done during most of we	1	No. KIND OF BUSIN	IESS/INDUSTRY	,
Elementary/Secondary (0-12) 12TH	College (1-4 or 5+)	Iffe. Do NOT use n	ABORER	onung	CAL	VERT D	ISTILLERY
17. FATHER'S NAME (First, Middle, Last)				OTHER'S NAME (First			
CLARENCE E. DEN	INIS, SR.			VIOLA MAI	ку ноок		
19a. INFORMANT'S NAME (Type/Print) VIRGINIA L. DENN	IIS		DORESS (Street and Nur ZEL AVENUE			State, Zip Code) 2122	7
20a METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Red 4 Donation 5 Other puredity)	noval from State Cen	DEPLACE AND DATE OF INTERPLACE		1		TION — City or	
II. SIGNATURE OF FUNDRAL SERVICE L		JUDUN PARK	22. NAME AND ADD	RESS OF FACILITY	2-7 BALT		MD
Vales C	2/24		HUBBARD 4107 WIL	FUNERAL H KENS AVE,	HOME, IN	C. ORE, MI	21229
23. PART L Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final	. List only one cause on e	ach line.	enter the mode of	dying, such as ca	rdiac or respira	tory arrest,	Approximate Interval Between Onset and Death
disease or condition resulting in death)	a. Metasta	LTIZ ÉSOG A CONSEQUENCE OF:	rhageal	cancer			2 mas
Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A	A CONSEDUENCE OF):					
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (DR AS A	A CONSEQUENCE OF):					
ACCOMPANIES.	d						
PART II. Other significant condition	ens contributing to deeth b	out not resulting in t	the underlying ceus	se given in Part i.	24e. WAS AN AL PERFORM 1 VES 2.2	ED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		<u> </u>					1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE O	F DEATH (Check only	one)		
EXAMINER?  1 YES 2 ND	HOSPITAL:		THER:	Residence 8 0	her /Snecify)		
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJURY A		ESCRIBE HOW INJ	URY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 YES	2 ND			
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE DF INJURY building, etc. (Spec	/ — At home, farm, stre- city)	et, factory, office	28f. LC	OCATION (Street and ty or Town, State)	Number or Rure	I Route Number,
	SICIAN: To the best of my know						A 16 27 30 FE
29b. SIGNATURE AND TITLE OF CERTIFIE	^	. 75%	29c.	LICENSE NUMBER	T:	9d. DATE SIGNI	ED (Month, Day, Year)
Ballara U. C. 30. NAME AND ADDRESS DF PERSON W	Only M			26792	4	► /2/:	3192

PRINCIPAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should it hours after death with the State Deor. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TIME II item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

32. NEGISTRAP'S SHAPE DEC 0 1992 4 d

DUL SE

10 mm

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	EKITE	CALE O	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	PI I DODO	TEX				2. DATE OF I	DEATH DAY	O YEAR	3. TIME OF DEATH
		TH J. DORS						d	d	2100 GPM)
	4. SOCIAL SECURITY NUMBER	\ /	i. AGE (In yrs. is	st birthday)	IF UNDER 1 YEAR		7. DATE OF E (Month, De		8. BIRTI	HPLACE (State or Foreign
	219-05-1459	1 M 2 XF	73	YRS.	MONTHS DATE	HOURS MIN.		27,1919		ARYLAND
	Sa. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWY	OR LOCATION OF			UNTY OF D	
E E	ST. AGNES HOSE	PTTAL.			D/	LTIMORE				
DIRECTOR	RESIDENCE OF DECEDENT	TIME			DE	LIIMORE				
Ĭ	10a. STATE 10b. COUNTY	1		10c. CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY
5	MARYLAND				DAT	TIMORE				LIMITS?
إر	10e. STREET AND NUMBER					OF ZIP CODE		100 00	TITEN OF	WHAT COUNTRY?
2	1301 FORES	IT III A 17	T3377773					log. G	TILLIN OF	WHAT COUNTRY?
W	11. MARITAL STATUS					21230				S.A.
BY FUNERAL	1 Never Married 2 Married	12. WAS DECEDENT I	YES 2	RMED NO		ECENDENT OF HISPA specify Cuban, Mexic			14. RAC Blac	E — American Indian, k, White, etc.
₹	3 XWidowed 4 Divorced	IF YES, GIVE WAI	R OR DATES			S 2 NO Spec			Spec	etty:
									1	WHITE
Ш	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	(1)	live kind of w	USUAL OCCUPATION done during it	TION nost of working	16b. KIN	O OF BUSINESS/IN	IDUSTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5 +)		. Do NOT us	e retired.)					76
COMPLETED	8TH GRADE		H	OMEMA	KER					
Ŏ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First, Middl	e, Maiden Surname)		
	FREDERICK GRIE	S				ROSE	BYERS			the state of the s
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stree	end Number or Rura	l Route Number C	alty or Town, State, 2	in Code)	
2	THOMAS F. DORSEY					HILL AV				21220
	20a METHOD OF DISPOSITION								_	
	20a, METHOD OF DISPOSITION 1 DABurial 2 Cremation 3 Rem	oval from State	cemelery, cr	ematory or ol	F DISPOSITION ( her place)		DATE	20c. LOCATION -	- City or To	own, State
	4 Donation 5 Other (Specify)		LOUD	ON PA	RK CEME		112/5	BALTIMO	ORE	
	21. SIGNALOHE OF FUNERAL SERVICE LIC	ENSEE			HITERA	AND ADDRESS OF P	ACIUTY	TNC		
	* WIGUEN &	Disher			4107	WILKENS	AVENUE-	BALTIMOI	PF N	D. 21229
	23. PART I. Enter the diseases, or o	complications that	nused the d	eath Do o						
	shock, or heart fallure.	List only one cause	on each lin	B.		oud or dying, ou	on an cardiac	or respiratory a	rivot,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1	01		1-					Onset and Death
	resulting in death)	CUr	Puh	icual	le .					2 months
		DUE TO (O	R AS A CONSE	OUENCE OF	):	Aton So				0 1
z I	Sequentially list conditions,	. RUV	nona	1 17	porte	naran				(math)
ĔI	If any, leading to immediate	DUE TO (O	AS A CONSE	OUENCE OF	5:1	, ,	/			
<u> </u>	cause. Enter UNDERLYING CAUSE (Disease or injury	a Obes	1/2 -	there	vento	atrin )	ware			1 year
<u> </u>	that initiated events	DUE TO (O	R AS A CONSE	OUENCE OF	):	104	burke	· Sural	ane	
CERTIFICATION	resulting in death) LAST	d.				Cris	EU CILI	2.57 -1	-	
	District our of the same									
DICAL	PART ii. Other significant condition	a contributing to de	eath but not	reaulting i	n tha underlyi	ng cause given i	n Part I. 24a	. WAS AN AUTOPSY PERFORMED?	24t	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
응							10	YES THO		COMPLETION OF CAUSE OF DEATH?
W										1 DYES 2 KNO
5										
۱ ≥	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF OEATH (C	heck only one)			
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:					
<u> </u>	27. MANNER OF DEATH	1  Inpatient 2 E		28b. TiMi		me 5 Residence				
BY PHYSICIAN: M	1 Natural 5 Pending	(Month, Day,		INJ	JRY Y	JURY AT /ORK?	28d. DESCHIE	BE HOW INJURY OF	CURED	
B	2 Accident Investigation					YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF I building, etc	INJURY — At h c. (Specify)	ome, ferm, s	treet, factory, of	Ice	281. LOCATIO City or To	N (Street and Number wn, State)	er or Rural	Route Number,
COMPLETED	4 Homicide determined									
ا ټ	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, d	eth occurre	d at the time, da	te and place, and du	e to the causele	and menner as et	etect	
Ξ	one) 2 MEDICAL EXAMINE									a) and manner on stated
5					, -,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-			p.mos, and due to	eadad(	, and manner or stated.
N L	296. SIGNATURE AND TITLE OF CERTIFIER	-				29c. LICENSE NO	JMBER -	29d. DA	TE SIGNE	(Month, Day, Year)
5	1/V00 1 pm	-, MD			-	11)45	733		12/1	152
- 1	36. HAME AND ADDRESS OF PERSON WIN	COMPLETEO CAUSE	OF OEATH (ITE	M 27) (Type,	Print)	1 1	- 1	11 0		
	SAIC MJANU	- SHA	gres /	rosp.	700 6	atu s	e you	TU, MI	,	
	DEC 0 4 1992	32 DEGISTRAR	STANATURE	-						*
		A THE RESERVE AND ADDRESS OF THE PARTY OF TH	THE PERSON NAMED IN	_						

	Deri
ith. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit perm
Bulgui	as the
r atte	use
78	jo
he hospit	Jetached
y th	Pe
etained t	phoons
-	S
ay be	page
2ge 6 m	director,
4 hours after death. P	funeral
Te.	the
9	3
S	.5
4 ho	filled

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ntractiver, the law requires that the death certified which 24 hours after death. Page 5 may be retained by the hospital or attending physician.  It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Deat, of Health, and Merital Hygiene prior to burial, cremation, or removal.	cal examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
THAL OF ALTEXUNIS ENTSULANT, THE LAW ENGINES THAT CHITCHER DE GRECULOR WITH A ROUTS after death. Page 5 may be retained by the hospital or attending physician.  LERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train and man n?? However, with the State Dept. of Health and Mental Hygiene prior to budial, certaination, or femoval.	The manual of them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	·	STATE OF I	MARYLAND	/ DEPAR	TMENT	T OF I	IEALTH DEAT	AND	<b>MENTAL HYGIEN</b> REG. NO.	E	92	33908
1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATH MONTH DA	N.	YEAR	3. TIME OF DEATH
ANGEL	00	JOSEPH	DE C	ARLO					12 2		92	9:46 D
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH			PLACE (State or Foreign
214 12 2858		1 🕁 M 2 🗆 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 3/17/18		Countr	**
9e. FACILITY NAME (If not in	netitution, give e	treet end number)	7		9b. CITY	, TOWN	OR LOCATI	ON OF DE		9c. COU	INTY OF D	I JERSEY
VA MEDICAL	CENTE	R, FORT	HOWARD		F(	ORT	HOWAI	RD		B/	ALTIN	10RE
10e. STATE	10b. COUNTY	,		10c, CIT	Y, TOWN C	OR LOCA	TION					10d. INSIDE CITY
MARYLAND	BAL	[IMORE		ŀ	E	DGE	IERE					LIMITS?
10e. STREET AND NUMBER						10	. ZIP COD	E		10g. CIT	IZEN OF Y	WHAT COUNTRY?
2810 12th S	STREET						2121	9		US	SA	
3 Widowed 4 Divo	121	IF YES, GIVE V	YES 2	NO		If yes, sp	ENDENT Cocify Cube	F HISPAN n, Mexica Specify	NC ORIGIN? (Specify Yee in, Puerto Ricen, etc.) /:		14. RACE	*
	EDENT'S EDU		18e. I	DECEDENT'S	USUAL O	CCUPATIO	ON .		18b. KIND OF BUS	INESS/INC	DUSTRY	

15 DECEMENTS FOR	· WW II	4.5. /((1)/					
15. DECEDENT'S EDU (Specify only highest grade	s completed)	18e. DECEDENT'S USUA (Give kind of work of	lone during most of working	18b. K	IND OF BUSINESS/INDUS	STRY	
Elementary/Secondery (0-12)	College (1-4 or 5 +)	Ilfe. Do NOT use retir	red.)				
12th GRADE		PLUMB	ER		PLUMBIN	G	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Mid	dle, Meiden Surneme)		
SAMUET.	DE CARLO		TOCETOLI	IINE CA	MADTIA		
19e INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street end Number or Rural	Boute Number	City or Town State Zin C	orde)	
MARIE S. DE CA	RLO	2810 12	th STREET EDG	GEMERE,	, MARYLAND	212	19
20e. METHOD OF DISPOSITION  1 Description Signature Control of the	ioval from State	20b. PLACE AND DATE OF DIS cemetery, crematory or other pl ST. STANISLA	SPOSITION (Name of ACS CEM. 12	DATE 2-5-92	20c. LOCATION — CH DUNDALK	y or Town,	State Y LAND
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF F	ACILITY		1.0 0.0	
P. Scal P.			22. NAME AND ADDRESS OF F. DUDA-RUCK FUN 7922 WISE AU	IE. DUI	VDALK. MARS	LAND	, INC. 21222
23. PART I. Enter the diseases, or	complications that ce	used the death. Do not e	nter the mode of dying, au	ch aa cerdia	or reepiratory arres	it, I	Approximate
shock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one ceuse	on each line.			and the second second		Interval Between
disease or condition	DECEMENT						Onaat and Daath
resulting in death)	a. RESPIRAT	ORY FAILURE					
		AS A CONSEQUENCE OF):					
Sequentially liet conditions,	. HEMMORH	AGIC	STROKE				
if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF):					
CAUSE (Disease or Injury	. HYPERTEN	SION					
thet initieted eventa	DUE TO (OR	AS A CONSEQUENCE OF):					
reaulting in death) LAST	d.					!	
PART II. Other significent condition				Part f. 24	a. WAS AN AUTOPSY		RE AUTOPSY FINDINGS
DIABETES MELLIT	TUS, ATRIAL	FIBRILIATIO	N		PERFORMED?		ILABLE PRIOR TO APLETION OF CAUSE
				_   '	YES 2 NO	OF I	DEATH?
		1				1 🗆	YES 2 NO
	T						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;	0.71	28. PLACE OF DEATH (C)	heck only one)			
1 TYES 2 NO	1 Nopetient 2 - ER		HER: Nursing Home 5 - Residence	8 Other (S	pec/fy)		
27. MANNER OF DEATH	28e. DATE OF INJU		28c. INJURY AT	28d. DESCR	IBE HOW INJURY OCCUP	RED	
1 Natural 5 Pending	(MONIN, Day, II	ear) INJURY	WORK?				
a C a state	28e. PLACE OF IN	JURY At home, ferm, street,		201 LOCATI	ON (Street and Number or	David David	Mark and a second
4 Hemicide 8 Could not be determined	building, etc.	(Specify)		City or 1	own, State)	nural Houte	Number,
290. CERTIFIER	Olan, To about 1						
(Check only one)	CIAN; 10 the best of my	Knowledge, death occurred at t	he time, date end place, end due	to the cause(	e) end manner ee stated.		
2 MEDICAL EXAMINE	H: Un the basis of exami	netion end/or investigation, in a	my opinion, death occured et the	time, dete en	d place, end due to the c	euse(s) end	menner ee stated.

M.D. 9600 NORTH POINT ROAD, FORT HOWARD,

29s. LICENSE NUMBER

04160

DR. EUGENE CRAIG.
31. DATE FILED (Morth, Day, Year)
DEC 0 4 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. DATE SIGNED (Month, Day, Year)

12.2

18 1 to 18 1

1	2	J	3	9	U	0

	1 - STATE REGISTRAR	SIAIE UF M	ARYLAND / I	DEPAR RTIF	ICATI	OF H	EALTH DEAT	AND N	MENT	AL HYGIENI BEG. NO.	E		00000
	1. DECEDENT'S NAME (First, Middle, Last)						DEM			E OF OEATN			3. TIME OF GEATN
	Flla V. Day							- 1	MON	Z M	2	93	9:40 AM
			6. AGE (In yrs. last I	birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTN rith, Day, Year)			PLACE (State or Foreign
	-12 21 1310	□ M 2 🔀 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		3-0914	4		t Virginia
~	9a. FACILITY NAME (If not institution, give stree				9b. CITY	, TOWN O	R LOCATIO	N OF DE	ATH		9c. COU	INTY OF D	
DIRECTOR	6601 Monroe Avenu	e			S	kesv	ville	)			Ca	rroll	County
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (	OR LOCAT	ЮН						10d. INSIDE CITY
0	Maryland Carro	11 Count	tv		Syke	svi	l le						LIMITS?
AL	10s. STREET AND NUMBER						ZIP CODE				10g. CIT	IZEN OF W	THAT COUNTRY?
FUNERAL	6601 Monroe Aven	ue					2	1784			τ	J.S.A	
F	11. MARITAL STATUS 1:		EVER IN U.S. ARM		13.	WAS DEC	ENDENT OF	F HISPAN	C ORIO	IN? (Specify Yea Rican, etc.)			— American Indian, , White, atc.
BY	3 XWidowed 4 Divorced	IF YES, OIVE WA					2 XNO			Trouble Control		Specif	ly:
	15. OECEDENT'S EDUCAT		16a, DECI	EOENT'S	USUAL O	CCUPATIO	N.		T 10	b. KIND OF BUS	INEGO/IN	DIJETOV	White
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(G/ve	kind of a			it of worlding	7	"	a. Kind of Bos	WYC03/WY	DOSTRI	
P.	12			Wai	tres	S				Rest	aura	ant	
Ö	17. FATNER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	AE (First	Middle, Maiden S			
BE	William Henr	y Wellir					E	llen	Ta	vlor			
2	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Aural A	oute Nu	mber, City or Town			
	Mr. Virgil Saylor	-						e Sy	kes	ville.			
	20a. METNOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State	20b. PLACE AN cornetery, creme	atory or of	ther place)				DA			City or Ton	
	21. SIONATURE OF FUNERAL SERVICE LICEN	SEE. /	Spr	ingt			eter		12/	5 Syk	esvi	lle,	MD
	· Brian 4	// ./	ilet							OME (P.	O. I	30x 1	95)
-					l s	vkes	ville	e. M	n 2	1784 (4	101	705	
	23. PART I. Enter the diseases, or com ahock, or heart failure. Lis	Dniy one ceus	e on each line.	ih. Do n	Dt enter	the mod	de of dyir	ng, such	aa ca	rdiac or reapir	ratory ar	reat,	Approximata interval Batween
	iMMEDIATE CAUSE (Final disease or condition	CAI	DIMO		00	001	1 V-	2/10	116	1			Onset and Death
	reaulting in death) a	DUE TO (	RDIAC DR AS A CONSEOU CARDI	ENCE OF	TK	KI	711	17/1	177	7			
_		MYS	CAPDI	A)	1	NE	ARC	Tio	N				
5	Sequentially list conditions, if any, leading to immediate		OR AS A CONSEQU					1 2 00					
2	CAUSE (Disease or Injury												
F	that initiated events reaulting in death) LAST	OUE TO (C	OR AS A CONSEQU	ENCE OF	ን:								
CERTIFICATION	d												
ICAL	PART II. Other aignificant conditions of		eath but not rea	ulting I	n the un	derlying	cause gi	ven in F	Part i.	24a. WAS AN A PERFORM		24b.	WERE AUTOPSY FINDINGS
임	HYPER TEN	15100							_	1 YES 2			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME						_							1   YES 2   NO
ä													
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only o	one)			
17S	1 YES 2 AND 1		ER/Outpatient 3		4 🗆 Nun	ing Home				er (Specify)			
	1 Natural 5 Pending	(Month, Day		INJ		28c. INJU WOF	RIC?		28d. OE	SCRIBE NOW IN	JURY OC	CURED	
B	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At home	, ferm, s	treet, tecto		ES 2 _		281 10	CATION (Street ar	nd Mumba	or Own! D	and March
	4 Homicide 8 Could not be	building, at	ic. (Specify)			.,,			City	or Town, State)	ia Namoui	OF HURBI PR	oute Number,
Ę	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	t: To the heat of m	w knowledge death		d et th = 16			-11-1					
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: C												and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	800	1/4				29c. LICEN						
BE		Celin	1100	MD			D	1-	17:	20	DATE OF THE PERSON OF THE PERS	12/	(Month) Day, Year)
٤	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE	OF DEATH (IVEM	27) (Type,	Print)			1	- ON		1	1 4000	-1.0
	Ellis Mez. M	12 REGISTRAR	1645	LI	ber	ty	Ko	ad	i	Eldor.	sh.	9/1	MD, 2128
	DEC 04 1992	Julia Dan	S.SIGNATURE	AL.									

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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law requires that the death certificate be executed within 2.

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	DIVISION OF VITA	THE HOSPITAL OR ATTENDING PHYSICIAN: The
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	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. la		FUNDER TYEAR		TAD S	of MRTH			E (State or Foreign
	212-74-5		1 ☐ M 2 DAF.	89	YRS.			05	5-14-	1903	EN	GLAND
ECTOR	98. FACILITY NAME (If not institut	EG	et and number)	elc a			OR LOCATION O		E	9c. COUNT	Y OF DEATH	
DIREC	MARYLAND	b. COUNTY	IMORE			TIMORE						INSIDE CITY LIMITS? ] YES 2 X NO
ERAL	100. STREET AND NUMBER 130 SLADE AV	/E., /	APT. 415	5		1	01. ZIP CODE 21208	3		USA	N OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Mer 3 XWidowed 4 Divorced			NT EVER IN U.S. A I YES 2 MAR OR DATES	NO	If yes,	ECENOENT OF HIS specify Cuban, Me ES 2 NO S	xican, Puerto		s or No — 1	4. RACE — A Black, Wh Specify: WHIT	
PLETED	15. OECEDE (Specify only hig Elementary/Secondary (0-12)	ghest grade c		+)	DECEDENT'S US (Give kind of wor the. Do NOT use it HOUSEWI	k done during r etired.)	TION nost of working		AT HOM		STRY	
E COMPL	17. FATHER'S NAME (First, Middle HARRIS		MWATER				113-1-7	NAME (First	, Middle, Meider HARR		П	
TO B	196. INFORMANT'S NAME (Type/ MRS. DORIS BE		RDT	1			ALE RD					
	20e. METHOO OF OISPOSITION 1 A Buriel 2 Cremetion 4 Donation 6 Other (Spe	3 🗆 Remo	val from State		CE ANO OATE C	F OISPD SITIE	N (Name	D/	TE 20c. LC	OCATION - CI	ty or Town, 8	BALTO.,
	16. Burisi 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND AGGRESS OF FACILITY  SOL LEVINSON & BROS., INC.  6010 REISTERTOWN RD. BALTO., MD 21215											
	IMMEDIATE CAUSE (Finel											
MIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	te	De no	O (OR AS A CONS	SEDUENCE OF):		imer's	Typ	æ			
DICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	10	DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEDUENCE OF):	12he			24a. WAS AI	RMED?	CON OF	Onset and De-
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ED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant of the examiner?  1	conditions setigation uld not be armined //ING PHYSIC L EXAMINER	DUE TO DUE TO DUE TO DUE TO A contributing to A contributing to CAN: To the best of	O (OR AS A CONS O (OR AS A CON	SEDUENCE OF): SEDUENCE OF): SEDUENCE OF):  Treaulting in  3 □ DOA □ 28b. Time (NJU)  home, farm, str	the underly  26. 27 MER: Nursing H  OF 28c. I	PLACE OF DEATH  PLACE OF DEATH  OTHE 5 Reside  NJURY AT  WORK?  YES 2 NE	In In Part I.  If (Check only nee 6 1 28d. D.)  28d. D.  28d. L. C.  I due to the 4 the time, di	24a. WAS AI PERFO 1 YES  one)  her (Specify)  ESCRIBE HOW  OCATION (Street by or Town, State	INJURY OCCU	AMA COO COO COO COO COO COO COO COO COO CO	Onset and Dec

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SPAN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

SERVILLE ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR ERTIF	RTMEN	T OF H	IEALTH AND DEATH	MEN	TAL HYGIE			
	-	LEN ERBE							ATE OF DEATH		YEAR 92	3. TIME OF DEATH
•	4. SOCIAL SECURITY NUMBER 212-05-2385	1 - M 2 XF 8	GE (In yrs. le:	st birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	(A	TE OF BIRTH forth, Day, Year)	1906	Count	PLACE (State or Foreign ry) GLAND
TOR	9a. FACILITY NAME (If not institution, give HOWARD COUNTY G		IŢAĹ	Pb. CITY, TOWN OR LOCATION OF DE.  COLUMBIA						DEATH		
DIRECTOR	10a. STATE 10b. COUNT	oward		10c, CIT	Y, TOWN	OR LOCAT	RIDGE					10d. INSIDE CITY LIMITS? 1 YES 2X NO
FUNERAL	100. STREET AND NUMBER 7734 WASHINGTON	BOULEVARD				101	ZIP CODE	227		10g. CIT		WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2X	RMED		If yes, sp	ENDENT OF HISP ecity Cuban, Mexic 2 NO Spec	can, Pua	IGIN? (Specify to Rican, etc.)	Yas or No-	14. RACI	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)	(G	CEDENT'S	work done se retired.)	CCUPATIO during mo	ON st of working		16b. KIND OF E			
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM H. BAL	L	1 30	FERV.	LSUK		18. MOTHER'S N				STIL	LERY
10	MARY H. HART		19	6. MAILING 1024	ADDRES	S (Street a	nd Number or Rura GH DRIV	E, C	oLUMBI	A, MD	. 21	046
	29a. METHOD OF DISPOSITION 1   Serial 2   Cremation 3   Rem 4   Donation 5   Other (Specify)	oval from State	20b. PLACE / cemetery, cre MEADO	matory or o	OF DISPOS ther place) GE M	SITION (Na EMOR	me of IAL PARI	K 1	4.1	LOCATION — ELKRI		wn, State
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE June	/		22. H	NAME AN	RD FUNE	RAL	HOME,	INC.		MD. 21229
CENTIFICATION	23. PART : Enter the diseases, or abock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. County one cause of	S A CONSECUTION	DUENCE OF	on.	the mo-	de of dying, su	och as c	erdiac or res	piratory an	reat	Approximate interval Betwee Onset and Deat
	PART II. Other algnificant condition	e contributing to deat	but not n	eculting i	n the ur	iderlying	ceuse given in	n Part I.		ORMED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	utpetient 3	□ DOA	OTHER	₹:	ACE OF DEATH (C					
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	TY	28b. TIMI	E OF	28c. INJU	IRY AT	7	DESCRIBE HOW	INJURY OC	CURED	
	3 Suicide a Could not be determined	28s. PLACE OF INJU- building, etc. (S	IRY — At hor	ma, farm, s	treet, fact	ory, office		28f. L	OCATION (Stree lty or Town, Stat	t and Number e)	or Rural R	oute Number,
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my kn R: On the basis of examina	owiedga, de	eth occurre	d at the ti	me, data pinion, de	and place, and du	e to the	couse(s) and m	anner ae stat	ed. e ceuse(s	and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c, LICENSE NU			29d. DAT		(Month, Day, Year)
ŀ	30. NAME AND ADDRESS OF PERSON WHO  31. DATE FILED (Month, Day, Year)  1. C. 0 4 1992	O COMPLETED CAUSE OF	DEATH (ITEN	1 27) (Type,	Print)							

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use as the burial-transit permit. Pages 1, 2, 3

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director, page 5 should be detached

filled in by the funeral ion, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 12-3-92 5:00 AM ENGLE William Jr. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 10-30-10 1 📈 M 2 🗌 F 217-01-7490 82 Maryland 9a. FACILITY NAME (If not institution, give street and number)
Franklin Square Hospital 96. CITY, TOWN OR LOCATION OF DEATH ROSSVIlle 9c. COUNTY OF DEATH DIRECTOR Baltimore RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Baltimore 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 619 Middlesex Road 21221 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married Specify White 1 YES 2 THO Specify BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Self-employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
Mildred North William W. Engle Sr. Ħ BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code)
619 Middlesex Road BaltimoreMd. 21221 2 Georgia Engle pe 204, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State
Baltimore Md must 1 Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify) co@akrolewnhOemetery 12/5/92 examiner SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHOme 300MaceAve.21221 23. PART I. Enter the officeases, or complications that cause are shock, or heart failure. List only one cause on each line. the medical ses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition .Severe chronic obstructive pulmonary disease resulting in death) traumatic event, possible aspiration pneumonia Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING possible sepsis other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST a tobacco abuse 0 Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? congestive heart failure 1 YES 2 NO shows myocardial infarction 1 YES 2 NO severe gastritis PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1∑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 9 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) FUNETAL DIRECTOR: A MITTER POURS after de TANT: If Item 28 Is 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) -00 8 Could not be 4 Homicide COMPLET 29s. CERTIFIER (Check only one) and the control of MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Woloshi MD 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Lams 12-3-92

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9000 Franklin Square Dr. Baltimore, Md.21237



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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Gulla 32 DESISTERS SAMPLE

Dr. James Wolosnin

DEC 0 4 1992

STEEN-SL

0X 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the n be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	It item 28 is marked, or item 23 shows any inju
	TO THE HOSPI	TO THE FUNEF be filed within	IMPORTANT

	1 - STATE REGISTRAR		STATE OF MA	ARYLAND A	DEPAR	TMENT	OF HEA	ALTH AND	ME	NTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First	ACIC	MARJORIE	NRE FLACK					2. DATE OF DEATH DAY 2-2-9 YEAR 12			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216 24 3662		5. SEX (	B. AGE (In yrs. la 91	st birthday) YRS.	IF UNDER 1	-	F UNDER 24 HRS OURS MIN.	7.	Month, Day, Year)		Countr	PLACE (State or Foreign y) aryland
	9a. FACILITY NAME (If not ins	titution, give stree	it and number)			9b. CITY, T	OWN OR I	LOCATION OF			9c. COUN		-
DIRECTOR	Seton Hill N		Home (F	rankli	n St)	Ва	ltim	ore			na		
EC	10a. STATE	10b. COUNTY			10c, CIT	Y, TOWN OR	LOCATION	v			10d. INSIDE CITY		
0	Maryland	n	a			Balti	more				1 YES 2 NO		
RAL	10a. STREET AND NUMBER					101. ZIP CODE					10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	Seton Hill N			EVER IN II C. A.	M450	21201					USA		
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 3 Widowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES					If yes, specify Cuban, Mexican, Puerto Rican, stc.)					14. RACE Black Specif	- American Indian, White, etc. Y: White	
COMPLETED	(Specify only	DENT'S EDUCAT highest grade col	rion mpleted)	(0	live kind of a	USUAL OCC	UPATION ing most o	f working		166. KIND OF BUSI	NESS/INOL	JSTRY	
7	Elementary/Secondary (0-12 +	12)	College (1-4 or 5+)		Do NOT us	er/Nu	rce			Educatio	2/100	314	
<b>∑</b> 0	17. FATNER'S NAME (First, Mid	idle, Last)			reaci	er/.Nu		. MOTNER'S	NAME (	First, Middle, Maiden S		TICI	ne
BEC										chols	,		
2	19a. INFORMANT'S NAME (Ty) Kitty L. Rob	,								Number, City or Town.			
	20a. METNOD OF DISPOSITIO					OLG			ike	, Silver			
	1 Buriel 2 Cremetion 4 Donation 5 Qther (	Specify)	1	cemetery, cre			On (Name)	OI .	1	OATE 20c. LOC	ATION — C	ity or to	wn, State
	210 SIGNATURE OF FUNERAL	SERVICE LICEN	SEE Ronal			22. NA	ME AND	ADDRESS OF	FACILIT	Y State	Anato	my 1	Board
	Sondu	////	Jalle	12//3	3/92	65	5 W.	Baltim	ore	St.Balti	more,	MD :	21201
ATION	23. IART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	CAUSE (Disease or Injur- that Initiated events resulting in death) LAST		DUE TO (O	R AS A CONSE	OUENCE OF	P):							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underl					erlying ca	ause given I	In Part	1. 24a. WAS AN A PERFORM	ED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO EXAMINER?						26. PLACE	OF DEATH	Check o	nly one)		_	
PHYSICIAN:	1 TYES 2 NO		OSPITAL:		□ DOA	4 EL Mension	g Nome 5	☐ Rasidenc	. 6 🗆	Other (Specify)			
ВУ РН	27. MANNER OF DEATN  1 Netural 5 A	ending vestigation	28a. DATE OF IN (Month, Day,	Ybar)	28b. TIM	URY	WORK?	AT NO	286	. DESCRIBE NOW IN	JURY OCCI	JRED	
	2 Accident Investigation 3 Suicide 6 Could pot be detayrhined  26s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)  26s. LOCATION (Street and Number or Rural Route Number, City or Town, State)							oute Number,					
3   Sulfede 4   Nomicide 6   Could prid be detaymined 29s. LCCATION (Street and Number or Rural Route Number. City or Town, State) 29s. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as atted.  29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day. 20d. DATE SIGNED (Month, DAT								and manner as stated.					
								(Month, Day, Year)					
	31. DATE FILED (Month, Day, Ye	Court	32. REGISTRAR	Suite	20 (Typo.	Ro	unda	Mston	WJ	40 211	33		
	DFC 04	4 1992	Johns	andson n	Lucia	- 1							

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-	FUDING DAYSICIAN: The law centiline that the death certificate he executed
DIVIDION OF VITAL RECORDS, P.O. BOX 6876	8
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND M	IENTAL HYGIENE		00311	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	MEAN	3. TIME OF DEATH	
- 8	LOUISE M.	FORMAN			12 01 92 8:30 p			
- 1		5. SEX 6. AGE (In yrs. les	MONTHS DAVE	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign try)	
	1020 71 1100	10 M 2 DEF 75	YRS.		11/12/1:	7 Sou	th CAROLINA	
œ	9a. FACILITY NAME (If not institution, give stre			OR LOCATION OF DEA		9c. COUNTY OF	DEATH	
유	BON Secures, INC. 20 RESIDENCE OF DECEDENT	soo w. Daltimo	ire BALt	imore,	Ma			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWH OR LOCA	1212000			10d. INSIDE CITY	
	Ma		BALTIMO	ee			1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	La Da 110	10	H. ZIP CODE	_	10g. CITIZEN OF USA	WHAT COUNTRY?	
NE I		te Drive		21215				
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	If yes, s	secify Cuban, Maxican,	C ORIGIN? (Specify Yes o Puarto Rican, etc.)	Blac	E — American Indian, ck, White, etc.	
B	3 Widowed 4 Divorced	IF TES, GIVE HAR ON DATES	1 U YES	3 2 NO Specify:		So	LACK	
	15. DECEDENT'S EDUCA (Specify only highest grade or		CEDENT'S USUAL OCCUPATI ive kind of work done during m		16b. KIND OF BUSI	NESS/INDUSTRY	,, ,	
9	Elementary/Secondary (0-12)		Do NOT use retired.)	ost or working				
COMPLET	10th grade							
_	17. FATHER'S NAME (First, Middle, Lest) Simon Howard				E (First, Middle, Meiden S Presley			
8	19a. INFORMANT'S NAME (Type/Print)	191	b. MAILING ADDRESS (Street					
2	Carolyn Harri				ve, Balt		21215	
	20a, METHOD OF DISPOSITION 1 ② Burial 2 □ Cremation 3 □ Ramov	20b. PLACEA	AND DATE OF DISPOSITION IN			ATION — City or T		
	4 Donation 5 Other (Specify)	/ Mt.	Auburn C	emetery	12-5-92 BA	LTO. M	D	
	21. SIGNATURE OF FUNERAL SERVICE LICE	espt	22. NAME A	ND ADDRESS OF FACI	LITY / CUE	0		
	Yava nass	Non- Houter	May	of Furew	El Horse	4300 Wa	baskane.	
	23 PART I. Enter the diseases, or co	mplications that coused the de	ath. Do not entar the mo	ode of dying, such	ss cardiec or respire	story arrest,	Approximata	
	IMMEDIATE CAUSE (Final	at only one cause on each line			1		Interval Between Onset and Death	
	disease or condition resulting in death) a.	Cerelino Vas	ular to	ceder	1			
		DUE TO (OR AS A CONSEC	DUENCE OF):	^				
S	Sequantially list conditions, b.	DUE TO (OR AS A CONSEC	e Herely	mean				
RIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Attenor	ati Con	disveni	for die	-sl	i	
Ĭ	CAUSE (Disease or Injury that initiated events	DUS TO (OR AS A CONSEC	DUENCE OF):		000			
CERI	resulting in death) LAST							
AL C	PART II. Other significant conditions	contributing to death but not re	eaulting in the underlyin	g cause given in P	art I. 24s. WAS AN A	UTOPSY 248	. WERE AUTOPSY FINDINGS	
	COPD: Ho	Fracture His	: RiPm	u med	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	H. CHE				1   YES 2 [	NO	OF DEATH? 1 YES 2 NO	
					- 1		7 123 2 110	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Chec	k only one)			
2		HOSPITAL:      Inpetient 2   ER/Outpetient 3	□ DOA 4 □ Nursing Hon	ne 5 🗆 Residence 6	☐ Other (Specify)			
E	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c. IN.	URY AT 2	26d. DESCRIBE HOW IN.	JURY OCCURED		
à	2 Accident Investigation	20 21 122 22 11 11 11		YES 2 NO				
3	3 Suicide S Could not be determined	26a. PLACE OF INJURY — At her building, etc. (Specify)	me, farm, street, factory, offic	•   1	261. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,	
OMPLEIED	29e. CERTIFIER		_					
E I		AN: To the best of my knowledge, dark On the basis of susminguish and/or in						
2	296. SIGNATURE AND TITLE OF CERTIFIED	0/19		28c, LICENSE NUMB				
4	08	>		D17C3	7	► /2 2	(Mores Day West)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF, DEATH (ITEM	A 27) (Type, Print)	0		11		
	DARSMAM. S. SAL	-U/A 1600 L	v. MOUNT	Kayel	-Aur, Ro	allo.	21217	
	31. DATE FILED (Month, Day, Year)	DEC 0 4 1992	10. K	70			-	
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STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
		C	ERTIFICATE	OF	- DEAT	H		REG. N	0.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT OF H	EALTH AND	MENTAL HYGIE REG. N						
	1. DECEDENT'S NAME (First, Middle, Last L. L. L. L. L. L. L. L. L. L. L. L. L.	S. SEX 6. AGE	(In yrs. last birthde) 84 YRS.	RLE  SE UNDER 1 YEAR  MONTHS DAYS	IF UNDER 24 HPS. HOURS MIN.	2. DATE OF DEATH MONTH  7. DATE OF BIRTH (Month, Day, Year) 7-17-190	26 9	3. TIME OF DEATH  SIRTHPLACE (State or Foreign PA)  PA				
OR	96. FACILITY NAME (If not institution, give BALTIMORE	street and number) COUNTY GENER	AL HOSP		OR LOCATION OF DE			OF DEATH				
DIRECTOR	10a. STATE 10b. COUN	BALTIMORE	10c. C	BALTIN			10d. INSIDE CITY LIMITS? 1 YES XXXIO					
FUNERAL	10e. STREET AND NUMBER  3312 KE	NJAC RD.		10	21244		10g. CITIZEN OF USA					
BY FUR	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	N U.S. ABMED 2 JUNO ATES	If yes, sp		NIC ORIGIN? (Specify ' in, Puerto Rican, etc.) y:	Yes or No 14					
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) Cotlege (1-4 or 5+)	completed) (Give kind of work			X42.52.11C-553	16b. KINO OF BUSINESS/INDUSTRY  AT HOME					
E COMPL	17. FATHER'S NAME (First, Middle, Lest) MILTON BERNH	EIM			16. MOTHER'S NA LAURA K	ME (First, Middle, Meid IRSCHHEI!	on Surname) MER	Sumame)				
TO B	19a. INFORMANT'S NAME (Type/Print)  MR C. PAUL GO					No., MD 212		ode)				
	20a METNOD OF DISPOSITION 11 Aburlal 2   Gramation 3   Re 4   Donation 5   Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		PLACE AND DAT			-30-92 OW	LOCATION — CH [NGS MI					
	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215  23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate											
	Approximation diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION												
MEDICAL	PART II. Other significent conditions of the con	ens contributing to desthib  ARTE  L, ANEM	Put not resulting	g in the underlying	g cause given in	Part I. 24a. WAS / PERF 1 TYES	NN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FIND MALLABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO				
/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	6 Cher (Specify)						
ву РНУ	27. MANNER OF DÉATN  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		URY AT PRK? YES 2 NO	28d. DESCRIBE HOV	V INJURY OCCUI	RED					
ETED	3 Suicide 8 Could not be determined	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and 29b. Signature and Tyle of Certifier  29b. Signature and Tyle of Certifier  29c. License number								ouse(s) and manner as state				
BE	296. SIGNATURE AND THE OF CERTIFI	er LW)			29c. LICENSE NUM	MBER 7733	29d. DATE S	IGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON W	BCGH, A	ATH (ITEM 27) (TY	DO. PHINI) HUST	OWN	M02	11.33.					
	31. DATE FILED (Month, Day, Year)  DFC 0.4. 1992	32. REGISTRAR'S SIGN	ATURE		· · · · · · · · · · · · · · · · · · ·							

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BOX
P.O.
RECORDS,
OF VITAL
DIVISION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
--

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CRUSE OF DEATH (ITEM 27) (Type, Print)

IISN 32 BEGISTRAR'S SIGNATURE

29b. SIGNATURE AND JUTLE OF CERTIFIER

M WHEFTER
31. DATE FILED (Month, Day, Year)
DEC 0 4 1992

BE 2 1 -

COMPLETED BY FUNERAL DIRECTOR

TO BE

												9	12	33916	
FOR STATE REGISTRAR		STATE OF I	MARYL				T OF H			MENTA	L HYGIEN	_			
1. DECEDENT'S NAME (First	, Middle, Last)									2. DATE	OF DEATH		YEAR	3. TIME OF DEATH	
		HAROLD AI	BER	r Gri	EGORY	Y			_			1992	TEAM	4:30 A M	
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE	'In yrs. last	birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign	
568-30-9762	568-30-9762 1 X M 2 D F 77 YRS. MON					MONTHS	DAYS	HOURS	MIN.					SHINGTON	
9a. FACILITY NAME (If not in	stitution, give	street and number)				9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF	DEATH	
NATIONAL N	IAVAL	MEDICAL (	CENTI	ER			BET	HESDA	A			MO	NTGO	MERY	
10e. STATE	10b. COUNT	TY			10c. CIT	Y, TOWN	OR LOCAT	ION		-				10d. INSIDE CITY	
VIRGINIA	SPOT	SYLVANIA			FI	REDE	RICK	SRIIR	2					LIMITS?	
10e. STREET AND NUMBER	0101	O I B VIII I II			1.1	עעע		. ZIP COD				10g. CIT	TIZEN OF WHAT COUNTRY?		
Р (	ВОХ	1172						2240	าย			1 17	NTTE	D STATES	
11. MARITAL STATUS	DOR	12. WAS DECEDEN				13.		ENDENT C	F HISPAN		17 (Specify Yes		14, BAC	E — American Indian.	
1 Never Married 2		FORCES? 1			NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Blact 1 ☐ YES 2Y☐ NO Specify: Speci							k, White, etc.			
3 Widowed 4 Divo	rced							A						WHITE	
	EDENT'S EDI			16a. DEC	EDENT'S	USUAL C	OCCUPATIO	ON at of working	10	16b	KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0		Coflege (1-4 or 5	+)	Mo.	Do NOT us	o retired.)	)	or or worki	9						
		2		U.	U. S. M. C. DEFENSE										
17. FATHER'S NAME (First, M	liddle, Last)							18. MOTI	HER'S NA	ME (First, I	Middle, Maiden	Surname)			
ALBERT ART	HUR G	REGORY						A	LBER'	TINA	SWANS	ON			
19a. INFORMANT'S NAME (7	ype/Print)			19b.	MAILING	ADDRES	SS (Street e	nd Number	or Flural I	Route Numi	ber, City or Town	n, State, Zi	p Code)		
G. EMORY S	HOVER			1	.07 5	SURR	Y LA	NE.	STAF	FORD	_ VA 2:	2554			
20s. METHOD OF DISPOSIT		novel from State					SITION (No	me of		DAT	E 20c. LO	CATION -	City or To	own, State	
4 Donation 5 Other		TOTAL TOTAL STATE		etery, cren			1 Cen	eterv		12/2/	92 Tri	angl	e. V	irqinia ·	
21. SIGNATURE OF FUNERA	L SERVICE L	DONEE /	011	1		22	. NAME A	ID ADDRE	SS OF FA	CILITY M	ullins 8	S. Tha	npean	Funeral Serv.	
wan	W/L	· Ane	ce,	XI_							•			29, 11. 22.101	
23. PART I. Enter the d shock, or h	eart fellure	. List only one cau	it causéi ise on e	d the dea ach line.	ith. Do r	not ente	r the mo	de of dy	ing, suc	h aa card	dac or respi	ratory ar	reat,	Approximata Intarval Between	
IMMEDIATE CAUSE (Fir	nal													Onset and Death	
resulting in death)	<b>→</b>						TORE	NAL S	SYND	ROME					
		DUE TO		CONSEQ		,									
Sequentially list condit	Inna T	b	MET!	ASTAT	IC I	PROS	TATE	CAR	CINO	MA					

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE.		OSTATE CARCIN	OMA		
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	JENCE OF):				
PART II. Other significant condition	na contributing to death but not re	sulting in 1	the underlying cause given	In Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only on	0)	
EXAMINER?	HOSPITAL: 1 N Inpatient 2 ER/Outpatient 3		THER:	e 6 🗆 Other	r (Specify)	
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DE\$	CRIBE HOW INJURY OCCU	PRED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ie, farm, stre	et, factory, office	281. LOCA City	ATION (Street end Number of or Town, Stete)	r Rural Route Number,
1 YES 27 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	1 N inpetient 2 □ ER/Outpetient 3 □ 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At hom	DOA 4 26b. TIME 0 INJURY	Nursing Home 5 Residence    Residence   Residence	28d. DES 281. LOC. City of	ATION (Street end Number of Town, Stete)	r Rural Route Number,

BETHESDA, MD 20889-5600

NATIONAL NAVAL MEDICAL CENTER

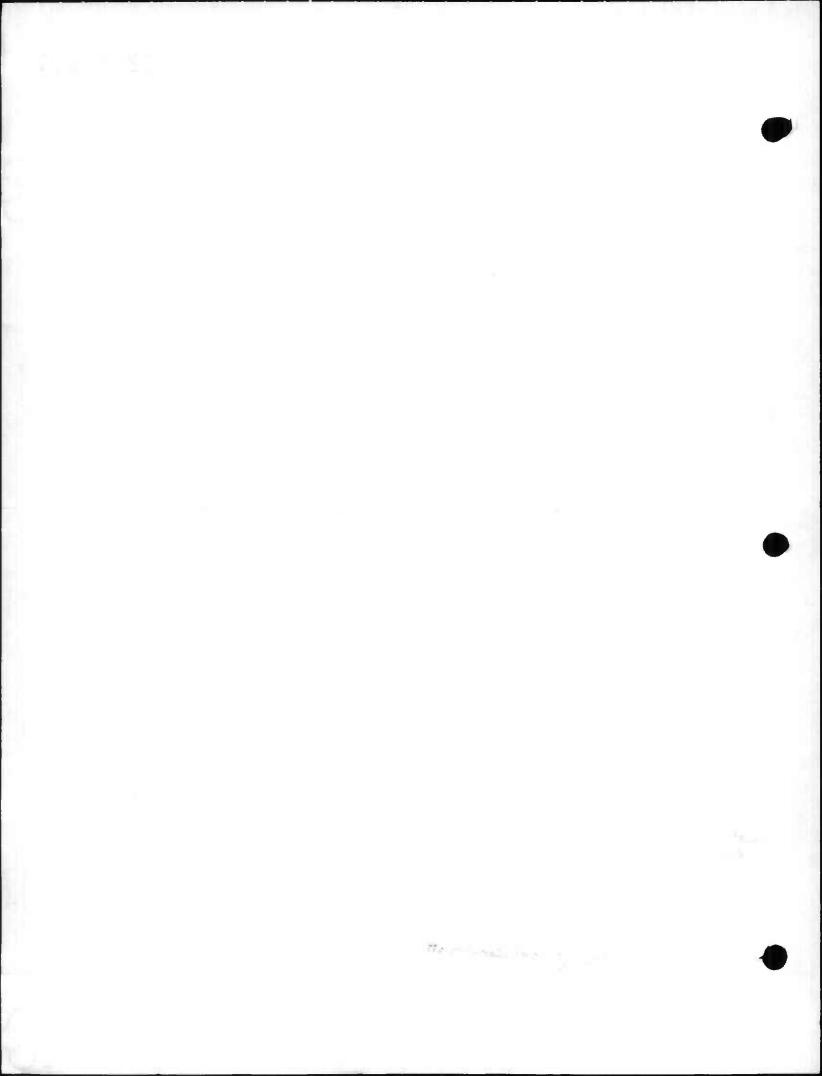
29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020	Tribici.NN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	a certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be signed by the attendance of the same of	madical avaminar must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNE MEMORITHM ATM THE CONTINUES has been signed by the attending physician and completely filled in by the five find will be seen that the find will be seen as the find will be seen as the find will be seen that and Memorithm to remove	MDORTH

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND N	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)	Johnnie M	_	mes Gad		2. DATE OF DEATH NOVEMBER		3. TIME OF DEATH 9:48 A.M.				
	213-34-7587	1 M 2 M F	(In yrs. last birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-12-19	Co	RTHPLACE (State or Foreign unitry) N.C.				
TOR	9e. FACILITY NAME (If not institution, give stre THE JOHNS HOPKINS RESIDENCE OF DECEMENT				ORE CITY	ATH	BALTIMO	P DEATH ORE CITY				
DIRECTOR	10e. STATE 10b. COUNTY		10d. INSIDE CITY LIMITS? 1 X YES 2 NO									
FUNERAL	106. STREET AND NUMBER 2503 Violet Aven	ue		1	21215		10g. CITIZEN OF WHAT COUNTRY?					
B₹	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	or No- 14, R	4. RACE — American Indian, Black, White, etc. Specify: Black									
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 9th	TION ompleted) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of w life. Do NOT us	work done during r	FION nost of working	16b. KIND OF BU	SINESS/INDUSTR	Y				
	17. FATHER'S NAME (First, Middle, Last)  Johnny Grines					ME (First, Middle, Maiden Robins						
TO BE	190. INFORMANT'S NAME (Type/Print) Maxine Pittman					loute Number, City or Tow	n, State, Zip Code)					
	20e. METHOD OF DISPOSITION  Buriel 2 Cremetion 3 Removel from State  20b. PLACE AND DATE Of DISPOSITION (Name of complety, cremetion of complety, cremetion)  20c. LOCATION — City or Town, State											
	21. SIGNATURE OF FUNERAL SERVICE LICE		KOCKT 1Sh	22. NAME	AND ADDRESS OF FAC	YLITY	ye Hevi	Ile N.C.				
	> & lading	Wans	<b>→</b>	430		Avenue						
	23. PART I. Enter the diseases, of co- shock, or heert failure. Li-	mplications that caused st only one cause on e	d the death. Do neach line.	ot enter the m	ode of dying, such	as cardiac or reap	iratory arrest,	Approximata interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.											
z	C b.				of Unk	nown Pr	imaai	2 Months				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury					7.00011	J					
RTIF	CAUSE (Disease or Injury that initiated events  Tresufting in death) LAST  d.											
1 5	d.											
	PART II. Other significant conditions	contributing to death b	out not resulting i	in the underlyl	ng couse given in l	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
		contributing to death b	out not resulting i	in the underlyl	ng ceuse given in	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death b		26. OTHER:	PLACE OF DEATH (Che	PERFOI  1 No YES 2	RMED?	AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending	HOSPITAL:	petient 3 DOA	26. OTHER: 4   Nursing He E OF   28c. W	PLACE OF DEATH (Che	PERFOI  1 No YES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 ☐ YES 2 ☑ NO				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO 27. MANNER DF DEATH	HOSPITAL:	patient 3 DOA  28b. TiMI INJI	26. OTHER: 4 — Nursing He E OF 28c. H URY N 1	PLACE OF DEATH (Che	PERFOI  1 50 YES 2  bick only one)  8 □ Other (Specify)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 □ YES 2 ⋈ NO				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VEST OF COURT O	HOSPITAL:  Minpatient 2   ER/Outp  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	petient 3 DOA  28b. TiMiliNJI  / — At home, farm, s	26. OTHER: 4   Nursing He E OF 28c. If URY M 1   street, factory, off	PLACE OF DEATH (Che ome 5   Residence NURY AT VORK?  YES 2   NO lice	PERFOI    Do YES 2    Sck only one)    Other (Specify)   28d, DESCRIBE HOW	NJURY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 □ YES 2 ⋈ NO				
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending	HOSPITAL:    Month, Dey, Year)  26e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	28b. TiMi 1NJi /— At home, farm, s riedge, death occurre in and/or investigation	26. OTHER: 4   Nursing Ho E OF URY M 1   street, factory, off	PLACE OF DEATH (Che ome 5   Residence NJURY AT VORK?  YES 2   NO lice  te end place, and due death occured at the  29c. LICENSE NUM	PERFOI  1 VES 2  Note only one)  8 Other (Specify)  28d. DESCRIBE HOW I  28f. LOCATION (Street. City or Town, State)  to the cause(a) and maitime, date and place, ar	NJURY OCCURED and Number or Rui	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Tel Route Number,  se(e) and manner as stated.				
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Month, Dey, Year)  26e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spec	28b. Timinus 28b. Timinus /— At home, farm, s riedge, death occurre in and/or investigation	26. OTHER: 4 Nursing He E OF URY M 1 street, factory, off	PLACE OF DEATH (Che ome 5 Residence NJURY AT VORK? YES 2 NO lice te end place, and due death occured at the	PERFOI    Vest	NJURY OCCURED and Number or Rui nner as stated, and due to the cause	AMRILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Tel Route Number,  se(e) and manner as stated.				

32. REGISTRAR'S SIGNATURE



	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	EFM. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a		
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	P. P.	番	172	T. If Nem 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		MARYLAND C	/ DEPAR					MENTA	L HYGIE REG. N	NE	32	33918	
	1. DECEDENT'S NAME (First, Middle, Last, Ma.)	rgaret			G	ray			2. DATE MONT De Ce	of DEATH mber	<b>2",</b> 199	2 XEAR	3. TIME OF DEATH 10:28pm	
	4. SOCIAL SECURITY NUMBER 214 22 3795	5. SEX 1 ☐ M 2 😿 F	6. AGE (In yrs. I	last birthday) YRS.	MONTHS DAVE		# UNDE			7. DATE OF BIRTH		a. BIRTH	PLACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give Maryland Gene RESIDENCE OF DECEDENT		ital			Sb. CITY, TOWN OR LOCATION OF DEATH Baltimore City						9c. COUNTY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNT	TY	10c. CIT	Bal	or Locat	ore						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 616 Gold Stree	et				101	212	€ 217		10g. CITIZEN OF WHAT				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. A YES 2 S WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify York of type, apecify Cuban, Maxican, Puerto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:					les or No —	14. RACE — American Indian, Black, White, etc.		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5		Give kind of the Do NOT u	work done	during mo	IN at of world	ng	168	Hea.		usiness/industry		
	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maide	n Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Elizabeth Hui							wn, State, Zip		1223				
	206. METHOD OF DISPOSITION  1 St Burles 2 Cremation 3 Ramoval from State  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  206. PLACE AND DATE OF DISPOSITION (Name of capacity) Committee of									orn, State d •				
	21. SIGNATURE OF FUNERAL SERVICE L Lames a.		in		J	ame	s A	. Mo	rto	n & :		М	a 21217	
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  1701 Laurens St. Balto.,  1702 Laurens St. Balto.,  1703 Laurens St. Balto.,  1704 Laurens St. Balto.,  28 CARDIO RESPIRATORY ARREST  DUE TO (OR AS A CONSEQUENCE OF):									4	I Assess Inc.			
ATION	Sequentially list conditions, if any, leading to immediate	CA   RE	RENAL FAILURE   PANCREATI S A CONSEQUENCE OF):						2			9 DAYS		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.													
PHYSICIAN: MEDICAL C	PERFORMEO?  1 □ YES 2√□ NO										WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHEI	Rt:			6 Othe					
ву рну	27. MANNER OF DEATH  1   ↑ Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	ay, Year)		E OF URY M	28c. INJI WO 1 Y	JRY AT RK? ES 2		26d. DES	CRIBE HOW	INJURY OCC			
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE O building,	F INJURY — AI h aic. (Specify)	nome, ferm, :	street, fact	tory, office			28f. LOC City	ATION (Street or Town, State	and Number	or Rural Ru	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN												and manner as stated	

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

29b. SIGNATURE AND TITLE OF CERTIFIER M. Paquellyan . by 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

n/a

M.D.

c/o Maryland General Hospital

Mary Ann Pagulayan-Sy,
31. DATE FILED (Month, Day, Year)
DEC 0 4 1992



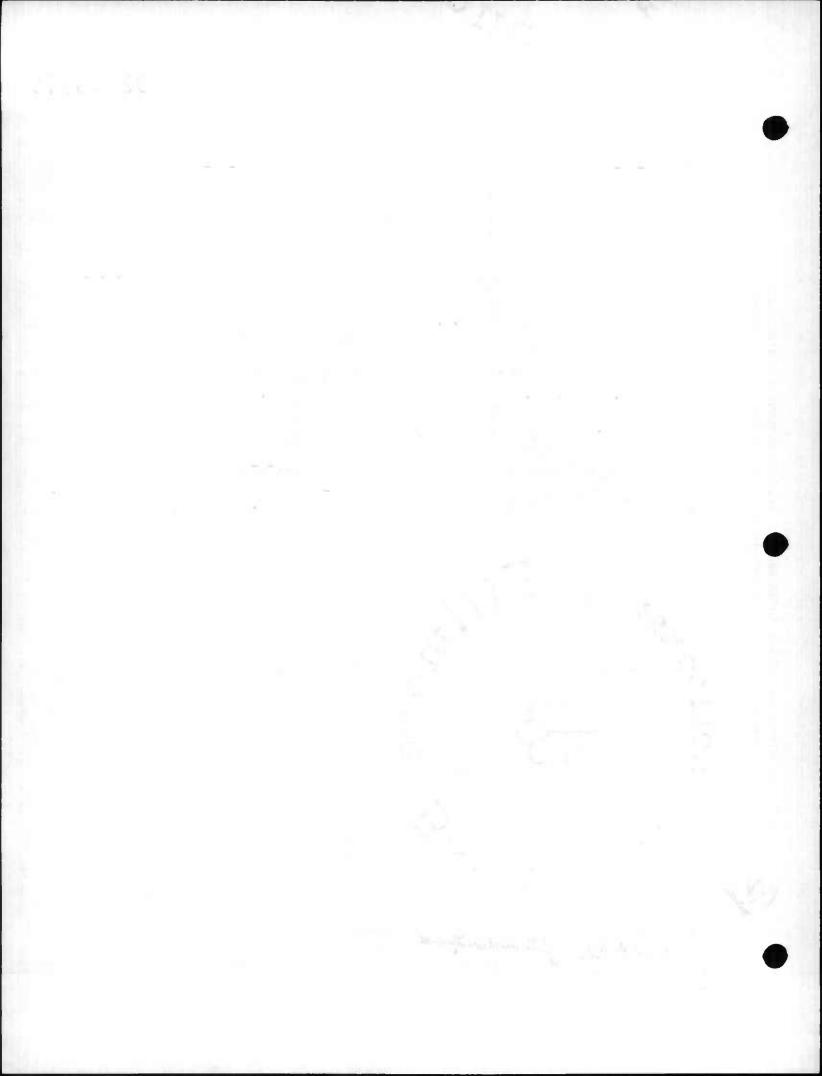
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BALTIMORE, MARYLAND 21215-0020	w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should pt. of Health and Mertial Hygiene prior to burial, cremation, or removal.
. RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed within 24 hou	been signed by the attending physician and completely filled in by the fi pt. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE	0F	MARYLAND	/ DEP	ARTMENT	0F	HEALTH	AND	MENTAL	HYG	IEN
		C	ERT	IFICATE	0	F DEAT	TH		REG	NO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIE REG. N	116	2 33919		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH MONTH	RAX 1	3. TIME OF DEATH		
	William Dud		n yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		4:30 A M		
	219~12~6362 So. FACILITY NAME (If not institution, give	1 🔀 M 2 🗆 F	67 YRS.	MONTHS DAYS	HOURS MIN.	3 - 24 - 19	25	Maryland		
СТОВ	Franklin Square Hospital  Rossville  Baltimore									
DIRE	Maryland 106. COUNT	* Baltimore	10c. CIT	TY, TOWN OR LOCA	Dung	dalk		10d, INSIDE CITY LIMITS? 1 YES 2 XHO		
VERAL	1909 Barry Roa	ıd		10	M, ZIP CODE	N OF WHAT COUNTRY?				
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) fy:	les or No— 14	A. RACE — American Indian, Black, White, etc. Specify: White		
PLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 10th Grade	CATION	16a, DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during more retired.)		Donah tm				
E COMPL	17. FATHER'S NAME (First, Middle, Last) Scott H. Gibbs,	18. MOT			18. MOTHER'S NA LUCY R	Department of Navy -  1. MOTHER'S NAME (First, Middle, Melden Surname)  Lucy R. Johnson				
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						<sup>2</sup> 1222			
	20a, METHOD OF DISPOSITION 1	noval from State	Cedar Hittle Cemetery 12-4-1992 Baltimore, Marylan							
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Duda-Ruck Funeral Home of Dundalk, Inc.  7922 Wise Ave., Dundalk, Maryland 21222									
me me	23. PART i. Enter the diseases, or complications that ceused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Chronic Distructive Pulmonary Disease End Stage  Due to (or as a conscouence or):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):								
OICAL	PART II. Other algnificent condition	ns contributing to death b	s contributing to death but not resulting in the underlying cause given in				N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: MEC								1 PES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C/					
인 수 [	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp. 28a, DATE OF INJURY	28b. TIM	E OF 28c. IN.	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED		
BY Pt	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		YES 2 NO					
LETED	3 Suicide 8 Could not be 4 Homicide determined	ca .	281. LOCATION (Stree City or Town, Stat		Rural Route Number,					
COMPLI		ICIAN: To the best of my knowl ER: On the basis of examination								
PORTA BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	n m 11			29c. LICENSE NU	MBER	29d. DATE II	IGNED (Month, Day, Year)		
TO E	30. NAME AND ADDRESS OF PERSON WI	ID COMPLETED CAUSE OF DEA	TH (ITEM 27) (Tona	, Print)	04/6	ro	12	1192		
	Adol on Wychul 31. DATE FILED (Month, Day, Year)		stern A		altimore	Maryland	21221			
	DEC 0 4 1992	The sures of								



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2 20	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 88/80,	FITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
5	8
-	EPITAL

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIENE REG. NO.	92 33920
- 1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
_	Wilson Banard Hart			November 29,	1992 10 A. M. M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign
1 0	218-18-2775-A ¹\\ ™ ² □ F	75 YRS.	MONTHS DAYS HOURS MIN.	June 7, 1917	Virginia
_ 3	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LOCATION OF E		DUNTY OF DEATH
O. R	Union Memorial Hospital		Baltimore		
딥	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	10e CIT	Y. TOWN OR LOCATION		10d, INSIDE CITY
DIRECTOR	Maryland	-	Baltimore		LIMITS?
¥	10e. STREET AND NUMBER	· · · · · · · · · · · · · · · · · · ·	101. ZIP CODE	10g. C	STIZEN OF WHAT COUNTRY?
FUNERAL	3417 Dudley Ave.		21213		U. S. A.
5	1 Never Married 32 Married FORCES?	THE TERMIN U.S. ARMED  1 YES 2 XNO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Yes or No-	- 14. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced IF YES, GIVE	WAR OR DATES	1 YES 24 NO Spec	lly:	Specify: White
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSINESS/I	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or		vork done during most of working e retired.)		
MP	NA NA	Barbe	er	Own Busin	ness
8	17. FATHER'S NAME (First, Middle, Last) Wesley Hart		7.00	AME (First, Middle, Maiden Surname	)
B			Ida	Gibbons	
2	19a. INFORMANT'S NAME (Type/Print)	1	ADDRESS (Street end Number or Rural		
	Dorothy F. Hart (Wife)		Oudley Ave., Bal		
	20e. METHOD OF DISPOSITION  1	cemetery, crematory or or	OF DISPOSITION (Name of the place)		— City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Oaklawn (	22. NAME AND ADDRESS OF F		imore, Md.
	· //-///	•	Schimunek Fu	neral Home	
	23. PART Enter the diseases, or complications to	at caused the death. Do r		Lane, Baltimor	
	shock, or heart failure. List only one c	nuse on each line.	,,,,,	on an our alact of respiratory	interval Between Onset and Death
	disease or condition resulting in death)	robable m	yo cardial 1	Marction	
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표		O O O AS A CONSEQUENCE OF			
CERTIFICATION	reaulting In death) LAST	yper choles	tero lema		
	PART II. Other algnificant conditions contributing	o death but not resulting i	n the underlying cause given in	Part I. 24s. WAS AN AUTOPS	Y 24b. WERE AUTOPSY FINDINGS
CAL			it the anachynig caded given i	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC				I □ YES ONNO	OF DEATH?
≥				_	1 TYES 270 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
SIC	EXAMINER?  1 VES 2 MQ  1 Inpution 2	ER/Outpetient 3 DOA	OTHER: 4 □ Nursing Home 5 □ Residence	8 Other (Specify)	
동	27. MANNER OF DEATH 28s. DATE (Month.	OF INJURY 28b. TIM Day, Year) INJ		28d. DESCRIBE HOW INJURY O	OCCURED
ВУ	2 Accident Investigation		M 1 YES 2 NO		
ED	5 Could not be building	OF INJURY — At home, larm, I	treet, factory, office	281. LOCATION (Street end Numb City or Town, State)	ber or Rural Route Number,
	4 Homicide datermined				
4	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best	of my knowledge, death occurre	ed at the time, date and place, and du	e to the cause(s) and manner as s	stated.
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of	examination end/or investigation	n, in my opinion, death occured at th	e lime, date end place, end due to	the cause(s) end manner as stated,
ш	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER 29d. D.	ATE SIGNED (Month, Day, Year)
TO B	11 ctoria VI	www 1	1111 037	38	12/1/92
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA				
	Dr. Vicki Vanik, Brehms 31. DATE FILED (Month, Day, Year)		Center, Mannaso	ta Ave., Balti	more, Md.
	DEC 0 4 1992	ON PHOTOEST			

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	THE HOSE THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P	O THE PLACE AND DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral	
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	W.	里	e was within 72 fours after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTING			MENTAL	HYGIENE REG. NO.	9	2 339;
,	1. DECEDENT'S NAME (First, Middle, Last)	AD	A E. HYMAN	1		2. DATE O	DAY	9Z	3. TIME OF DEATH
	010 00 6710	212-30-6718 1 $\square$ M 2 $\square$ F 82 YRS. MONTHS DAYS HOURS MIN. MAX						a. Bi	RTHPLACE (State or Foreign Surity) IARYLAND
H 0	9e. FACILITY NAME (If not institution, give stre FRANKLIN SQUARE		90		R LOCATION OF D LTIMORE	EATH	9c. (	COUNTY C	SALTIMORE
DIRECTOR	PRESIDENCE OF DECEDENT  POB. STATE  MARYLAND  -								10d. INSIDE CITY LIMITS? 1/ YES 2 NO
LONGRAC	3818 ELMORA AVE.	1011 211 0002					10g.		S. A.
0	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2.2 NO	If yes, spe	ENDENT OF HISPA city Cuben, Mexico 2 XXVO Special	in, Puerto Ri	(Specify Yea or No can, etc.)		NACE — American Indian, Black, White, etc. Specify: WHITE
2	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mos		16b. I	KIND OF BUSINESS	INDUSTR	ny .
	NA  17. FATHER'S NAME (First, Middle, Linst)	NA SALES CLERK  18. MOTHER'S NAME (FIG.							STORE
2	CHARLES WESLEY FORREST  DOROTHY MOONEY  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Fuzzil Route Number, City or Town, State, Zip Code)  3818 ELMORA AVE., BALTIMORE, MD. 21213								
	20b. METHOD OF DISPOSITION 1 & Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  PARTITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or PALTIMORE CEMETERY)						20c. LOCATION	N — City o	
	21. SIGNATURE OF FUNERAL SERVICE LICE	m. Bar	- Lad	SCHI	MUNEK F	UNERA		ORE .	MD. 21213
ENTINGENERAL	Sequentially list conditions, If any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  LACCUACY AND DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 □ YES 2 ☑ NO						24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
		HOSPITAL:		THER:	ACE OF DEATH (C				
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 28c. INJ		7	CRIBE NOW INJURY	OCCURE	D
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp.					LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER	AN: To the best of my kno							use(a) and manner as state
2	296, RIGNATURE AND TITLE OF CERTIFIER	Kichard P	bysich	10	29c, LICENSE NU		29d.		INED (Month, Day, Year) - Z - P Z
	30. NAME AND ADDRESS OF PERSON WHO	Bayure	ew Circl		Uto M	D	21220	4	
	UEC 0 4 1992	32 REGISTRATISMO	The state of the s						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Wife All: The face requires that the death cartificate
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		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	IEALTH AND ME DEATH	NTAL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)	A IM F A IM A A I					YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIRTH Country	PLACE (State or Foreign
should		087-05-4128  Se. FACILITY NAME (If not institution, give s	1 M 2 F 82	YRS.			7/17/1910	MASS 9c. COUNTY OF DI	
1, 2, 3 s	ECTOR	MILFORD MANOR NUI	RSING HOME		BALTIMO	ORE	E	BALTIMOR	E
Pages	DIR	10e. STATE 10b. COUNT MARYLAND	Y		TY, TOWN OR LOCAT	TION			10d, INSIDE CITY LIMITS? 1 X YES 2 NO
nsit permit.	ERAL	3104 W. STRATHMOR	RE AVE.		101	21215		10g. CITIZEN OF W JSA	THAT COUNTRY?
o-0020 nding physician. Is the burlal-transit	E COMPLETED BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR DO	2 NO	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)			r No- 14. RACE Black Speck WHI	
use a		15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of We. Do NOT u	USUAL OCCUPATION Work done during mo	ON st of working	16b. KIND OF BUSIN		10
D pital 2		Elementary/Secondary (0-12)	College (1-4 or 5 +)	PRINTER PRINTING			19		
YLA by the be ded		17. FATHER'S NAME (First, Middle, Last) MORRIS HAMERI	1AN			18. MOTHER'S NAME SARAH	(First, Middle, Meiden Sur ( U	mame) JNKNOWN )	
retained 5 should notified	TO B	190. INFORMANT'S NAME (Type/Print) MRS. DORA HAMERMAN					e Number, City or Town, S		
ORE, s 6 may be ector, page		20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram	206	PLACE AND DATE	OF DISPOSITION (Na	me of		TION — City or To	wn, Stats
	74	4 Donation 6 Other (Specify)		BETH JAC		E VESHEAR	11/20/92	ROSE	DALE, MD
BALTIN after death. Pag by the funeral dis moval. cal examiner		Appliely L.	Stellmen		16010 F	RETSTERTOW	BROS., INC	TO. MD	21215
n 24 hours af ity filled in by ation, or remo		23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on e	d the death. Do sech line.	not enter the mo	de of dying, such a	,	lory arrest,	Approximate interval Between Onset and Death
68760, secuted withing and complete b burial, creminatic event,	z		DUE TO (OR AS A	MI AL	INDIA F				agent
ificate be physician and prior to the prior to the traur	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CONSEQUENCE O	lech Cardon. 1)1tem				590	
S, P.O death cert a attending ental Hygis	CERT	resulting in death) LAST	d						
CORD uires that the signed by the Health and M ws any Inju	MEDICAL	PART II. Other algorificant condition Car cenoma Recent price				g cause given in Par		ED?	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
has the Dept	AN:	25. WAS CASE REFERRED TO MEDICAL	entra		26 PI	ACE OF DEATH (Check	only one)		
A St. St. Bor 14	PHYSICIAN:	EXAMINER?  1   YES 2   NO	HOSPITAL: 1   Inpetient 2   ER/Outp	petient 3 🗆 DOA	OTHER:	e 5 Residence 8			
O FEET S	ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Tife IN.	JURY WO	URY AT 28 PRK?	d. DESCRIBE HOW INJU	URY OCCURED	
OR ATTENDED DIRECTIONS OF STREET OF	ED	2 Accident 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, city)	street, factory, office	28	H. LOCATION (Street end City or Town, Stete)	Number or Rural R	loute Number,
로로	COMPLET	one)	ICIAN: To the best of my know IR: On the basis of examination						) and manner as stated,
TO THE HOSP! TO THE FUNEF be filed within	TO BE	296. SIGNATUBE AND TITLE OF CENTIFIC	3ter			0-160	30 <sup>2</sup>	Ped. DATE SIGNED    U/2	(Month, pay, Year)
		30. NAME AND ADDRESS OF PERSON WILLIAM 1 - 36.3-50	O COMPLETED CAUSE OF DE	ATHORITEM 27) (Type		cro-Ma	1 2120	08	/
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	2	cia	
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with; Provins af	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mad in by an authorin 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	ĺ
	خزر	-	

GIGNATURE AND TITLE OF CERTIFIER

1992

30. NAME AND ADDRESS OF PERSON

31. ĎATE FILED (Month, Day, Year)

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our

32 REGISTRAR'S SIGNATURE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MID

29b.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Nov. 27, 1992 12:50 P. M Sister Marian Joan Hentschel, M.H.S.H. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) ?. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Month. Dev. Yber).
Dec. 23, DAY8 HOURS 1 M 2 KF 62 YRS. 1930 Baltimore 218 28 9287 9a. FACILITY NAME (If not institution, ("ve street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1310 Shore Drive Edgewater Anne Arundel RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel Edgewater MD. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1310 Shore Drive 21037 USA A STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO 11. M2 J. STATUS

1 Never Married 2 Married 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, stc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY White 3 Wildowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Religious Order Elementary/Secondary (0-12) College (1-4 or 5+) Nun once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Paul Hentschel Christine Rupp 76 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mother House, Mission Helpersof the Sacred Heart, 1001 W. Joppa Rd., Towson 21204pe 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State must New Cathedral Cemetery 12/2/92 Baltimore City 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Marte examiner 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd., Timonium, Md. Martin D. Lawson 21093 medicai 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or haert failure. List only one ceuse on sech line. interval Batween **Onset and Death IMMEDIATE CAUSE (Final** Carcinoma of the LUNG the disease or condition 8m02 Metastag or other traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST shows any injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED marked, 1 Natural INJURY 5 Per м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 28 is 8 Could not be determined COMPLETED 4 Homicide Hem 29a. CERTIFIER 1 K CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. -MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. ORTANT



29d. DATE SIGNED (Morgh, Day, Year)

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FOR 1 . STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.	
- []:	1. DECEDENT'S NAME (First, Middle, Last) Robert W.	HARR	IAN			2. DATE OF DEAT MONTH		3. TIME OF DEATH
,	4. SOCIAL SECURITY MUMBER 216-03-2312  1  M		In yrs. last birthday) F	HTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH	1906	BIRTHPLACE (State or Foreign CAND)
TOR	Bu. FACILITY NAME (If not institution, give street and in WISON HERE IT ( RESIDENCE OF DECEDENT	ANE Ce	nter (	oait	hers bu			+ GOMERY
DIRECTOR	MD. 106. COUNTY MONTGOME.	RY		OWN OR LOCA THERSBU				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	211 RUSSELL AVENUE				ON. ZIP CODE 20877		USA	N OF WHAT COUNTRY?
B	1 Never Married 2 Married FOR	DECEDENT EVER IN CES? 1 YES ES, GIVE WAR OR DA	2. NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify	n, Puerto Rican, etc.		. RACE — American Indian, Bleck, White, etc. Specify: WHITE
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) Coffege 1 2 0	(1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use no SALES (	c done during m stired.)	ION post of working	16b. KIND OF	BUSINESS/INDUS	
E COMPL	17. FATHER'S NAME (First, Middle, Last) THOMAS HARMAN			18. MOTHER'S NAME (First, Middle, Maiden Surname) (UNKNOWN) JOHNSON				
TO BE	ELEANOR GUEDEL FOR:	CORDS	196. MAILING AD 211 Rus		and Number or Rural I			20877
	20s. METHOD OF DISPOSITION 1 1 2	20b.	PLACE AND DATE OF C	METER	Y	12/2 L	AUREL, 1	MD.
J	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Bar	har		NO ADDRESS OF FA EL H. BAR 5 LAYTONS			E 20882 NSVILLE, MD
CERTIFICATION	shock, or heart failure. List only iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):		umon			interval Bet Onset and I
: MEDICAL	PART II. Other algorificent conditions contrib	buting to death bu	ut not resulting in t	he underlyin	ng cause given in	PEF	S AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FIND MARLABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 Inp.	ITAL:		THER:	LACE OF DEATH (Ch			
ВУ РНУ:		DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	OW INJURY OCCUP	RED
150	2 Accident 3 Suicide 4 Nomicide  28a. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28b. PLACE DF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To to the one) 2 MEDICAL EXAMINER: On the							ause(s) and manner as stat
T0 BE 0	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO GO PLI	My.	7— 5 }	ND	29c. LICENSE NUN	IBER	29d. DATE S	IGNED (Month, Day, Year) 1-30-92
	James R. Moore Jr.	REGISTRATE AND WIND	rookes		Saithe	sburg	mp.	20877

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

ę 4.67-8-15

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH 00 7:10 -30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign (Month, Day, Year) 2/8/1904 217-36-4505 88 1 X M 2 - F VIRGINIA permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE OF 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY STREET MARYLAND HARFORD 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3658 BURKINS ROAD 21154 the funeral director, page 5 should be detached for use as the burial-transit UNITED STATES hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 2 XNO 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 1 - YES 2 7 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) FARMER AGRICULTURE notified at once. 17. FATHER'S NAME (First, Middle, Lest)
EMMITT HASH 18. MOTHER'S NAME (First, Middle, Maiden Surname) FLORENCE HALSEY BE 190. INFORMANT'S NAME (Type/Print)
HAZEL R. 2 HASH 126 HICKORY AVENUE BEL AIR, MD 21014 e 20a. METHOD OF DISPOSITION
1 N Burlal 2 □ Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must atery, cremetory 1 X Buriel 2 Cremation 3 Re 4 Donation 6 Other (Specify) tory or other place)
I R MEMORIAL BEL AIR, MARYLAND GDNS examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARKINS FUNERAL HOME, INC. DELTA, PA or removal Item 23 shows any injury, or other traumatic event, the medical I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours aftr. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo Approximate shock, or heert fallure. List only one ceuse on sech line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disesse or condition resulting in death) on gus NS HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? 10010 1 TES 2 NO OF DEATH? ente 5640 1 | YES 2 | NO Strong PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one, 1 YES 2000 HOSPITAL: OTHER 1 Inpetient 2 ER/Outpetient 3 DOA e 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Yeer) 28 is marked, 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e. CERTIFIER (Check only To CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as steted. 2 MEDICAL EXAMINER: On the b BE 354 4 36 92 m02/2 RLETED CAUSE OF BEATN (ITEM 27) (Type, Print) 2 104 SIL 1m03 PER REGISTRATE SIGNATURE DEC 04 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		DECEDENT'S NAME (First, Middle, Last	HARLES HOUSTO				2. DATE OF E		YEAR 3.	TIME OF DEATH	
should		4. SOCIAL SECURITY NUMBER  408-40-1651  9a. FACILITY NAME (If not institution, give	5. SEX 6. AGE (#	n yrs. lest birthdey) #	UNDER 1 YEAR INTHS DAYS	IF UNDER 24 HRS. HOURS MIN.  OR LOCATION OF DE	7. DATE OF B (Month, Du	1871H (* 160r) 14 1930	8. BIRTHPLA Country) TENNE		
2,	стов	NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOM									
nit. Pages 1,	DIRE	DELAWARE SU		10c. CITY, T	SEAFOR				1000	LIMITS?  YES 2 NO	
n. ansit permit.	FUNERAL	RT 1, BOX 257M			101	. ZIP COD€ 19973			TED S	TATES	
215-0020 attending physician. se as the burial-transit	В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAY	2 NO TES	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 XNO Specify	n, Puerto Rican	ecify Yes or No-		American Indian,	
T. 8 3	ETED.	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo	ON st of working	16b. KIN	D OF BUSINESS/INDU	STRY		
ND hospit	COMPL	12 17. FATHER'S NAME (First, Middle, Last)		U.S.NA	VY	40 MATHERIO NA		ENSE Maiden Surname)			
YLA d by the d be det	ш	JOHN HENSLEY	(Middle Name	: Hensley	)			E (First	Name	: Katie)	
retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)						ity or Town, State, Zip (	Code)		
щ д в д В д в д		ROBERTA S. HENSLE		RT 1,		57M, SEAT		E 19973 20c. LOCATION — C			
FOR e 6 ma rector, p		1X Buriel 2 Cremation 3 Res	noval from State	etery, cremetory or other d Fellows	Cemete	ery	1271	Seaford,			
BALTIMOR ter death. Page 6 ma the funeral director, pval.		21. SIGNATURE OF FUNERAL SERVICE L	A.Cousco	$\circ$	Watso	on Yates Box 356	Funera		9	19973	
68760, B. secuted within 24 hours after and completely filled in by the burlal, cremation, or removal after event, the medical		23. PART i. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SEPSIS  DUE TO (OR AS A	CONSEQUENCE OF):			h as cardiac	or respiratory arre	st,	Approximate interval Between Onset and Death	
P.O. BOX th certificate be ending physician at Hygiene prior to or other traum	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	TIC PROST, CONSEQUENCE OF):	ATE CAN	NCER					
TECORDS requires that the d sen signed by the of Health and Mei	MEDICAL	PART II. Other significant condition	ns contributing to deeth bu	it not resulting in t	he underlying	g cause given in		WAS AN AUTOPSY PERFORMED?  YES 2 NO	COI OF	RE AUTOPSY FINDINGS MULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
AL has has been and 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	ack only one)				
F VIT.	IXSI	1 YES 2 NO	1 Inpatient 2 ER/Outpa	Hierit 3 DOA 4	-	• 5 🗆 Residence					
O 돌 등 등 교	ву рну	1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 N	RK? 'ES 2 NO	28d. DESCRIE	E HOW INJURY OCCL	JRED		
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 Is man	ETED	3 Suicide 6 Could not be 4 Homicide datsmined	28s. PLACE OF INJURY - building, atc. (Specif	— At home, farm, stree fy)	et, factory, office		281, LOCATION City or Tox	N (Street and Number ovn, State)	r Rural Route	Number,	
7 7 2 -	COMPLE	0001	SICIAN: To the best of my knowle ER: On the bests of examination							d manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	77			U.S. Go Medical			SIGNED (Mo	rith, Day, Year)	
	F	30. NAME AND ADDRESS OF PERSON W			nt) N			MEDICAL C	CENTER	1	
11		Matheman, II  31. DATE FILEO (Month, Day, Year)  DEC 0 1 1902	32, BEGISTRAR'S SIGNA		P	RETHESDA.	MD 20	889-5600			

				ICATE OF DEA	111	REG. NO.		_
	1. DECEDENT'S HAME (First, Middle, Last)  JOHN		HOT DO			2- 3- DAY 199	YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX a 6. AGE	HOLRO	Y D  IF UNDER 1 YEAR   IF UNDER		2- 3- DAY 199		ACE (State or Foreign
	214-26-7018	1 M 2 🗆 F	ba YRS.	MONTHS DAYS HOURS		nth. Day. Year) - 19-1930	Country)	M.
	9a. FACILITY HAME (If not institution, give :	street and number)		9b. CITY, TOWN OR LOCATI	ON OF DEATH		UNTY OF DEA	тн
DIRECTOR	5006 Erdman A	venue		Baltim	ore		_	
ו נ	RESIDENCE OF DECEDENT  104. STATE  10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCATION			10	Od. INSIDE CITY
_	Md.				MORE			LIMITSH TES 2 NO
		AN AVEN	ue	101. ZIP COD	1205		L. S	AT COUNTRY?
0	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 ANO	13. WAS DECENDENT ( If yes, specify Cubs  1 YES 2 NO	me Mexican, Puerto	ilN? (Specify Yes or No o Rican, etc.)	14. RACE — Black, V Specify:	- American Indian, White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of v	USUAL OCCUPATION work done during most of working	ng 16	bb. KIND OF BUSINESS/II	DUSTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOTeus	RPRASTA	n	Doup	Nog p	en
	17. FATHER'S HAME (First, Middle, Last)	Wites	HOLE	eval 16. MOT	HER'S HAME (First,	, Middle, Maiden Surname)	96	Yesshe
	19a. INFORMANT'S HAME (Type/Print)	411 2	19b. MAILING	ADDRESS (Street and Number	& Rural Route Nur	mger, City or Town, State, Z	ip Code)	i sieje
-	FRANK WO,	tol royd JI	e. 500	6 Erdn	pal /	ve BA	16/2	121205
	20a. METHOD OF DISPOSITION  1 Burlat 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	loval from State	D. PLACE AHD DATE ( petery, crematory or of CORCES MA	of DISPOSITION (Name of their place)	100	172 BA	City or Town	Med.
	21. SIGNATURE OF FUNEBAL SERVICE LIC	CENSEE		22. HAME AND ADDRE	SS OF FACILITY	ino Jr. F	unera	al Home
	· / conce /	Dan.	mod	_ 263 S. C	onklin	g St. Bal	to. N	Md. 21224
N	resulting in death)	b	A CONSEQUENCE OF		1/15eas			
FICATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	С	A CONSEQUENCE OF					
1	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С						
CEHILL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	A CONSEQUENCE OF	<b>7</b> :	given in Part i.	24a. WAS AN AUTOPSY		TERE AUTOPSY FINDINGS
MEDICAL CERTIFI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF	<b>7</b> :	given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AN CI OI	TERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 HO
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SICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	c	A CONSEQUENCE OF	26. PLACE OF D	EATH (Check only o	PERFORMED?  1 YES 2 NO	AN CI OI	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hetural 5 Pending	d	Dut not resulting i	26. PLACE OF DOTHER:	EATH (Check only of sidence 6 Oth 28d. DE	PERFORMED?  1 YES 2 NO	AN CC OC	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	e. DUE TO (OR AS A d	patient 3 DOA  28b. TIMI	26. PLACE OF D  OTHER: 4   Nursing Home 5   Re  E OF 28c. INJURY AT  WORK? M 1   YES 2	EATH (Check only of paldence 6 Oth 28d. Dt NO 28f. LO	PERFORMED?  1 YES 2 NO  none)  Per (Specify)	AN CI ON 1	MULABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 HO
ED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A d	patient 3 DOA  28b. TIMI (RJ)  r — At home, farm, s	26. PLACE OF D  OTHER: 4   Nursing Home 5 Press E OF 26c. INJURY AT WORK? 1   YES 2    Reset, factory, office	EATH (Check only of pisidence 6 Oth 28d. Dt 28d. Dt 28f. LO Ch	PERFORMED?  1 YES 2 NO  Ner (Specify)  ESCRIBE HOW INJURY OF CATION (Street and Number y or Town, State)	A CI OI OI OI OI OI OI OI OI OI OI OI OI OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 HO  to Number,
COMPLETED BY PATSICIAN: MEDICAL CENTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS and a contributing to death to the contributing to death to the contributing to death to the contributing to death to the contribution of the contributi	patient 3 DOA  28b. TIMI (RJ)  r — At home, farm, s	26. PLACE OF D  OTHER: 4   Nursing Home 5 Grace E OF URY WORK? 1   YES 2    street, factory, office	EATH (Check only of pisidence 6 Oth 28d. Dt 28d. Dt 28f. LO Ch	PERFORMED?  1 YES 2 NO  Ner (Specify)  ESCRIBE HOW INJURY OF CATION (Street and Number or Town, Street)  Buse(a) and manner as at its and place, and due to the street of the street or	ACCURED  CCURED  or or Rural Rouse  sted.	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 HO  to Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A d	patient 3 DOA  28b. TIM RHJ  7 — At home, farm, a crity)  riedge, deeth occurre in and/or investigation	26. PLACE OF D  OTHER: 4   Nursing Home 5 GrRe E OF URY WORK? 1   YES 2   Intreet, factory, office	EATH (Check only of saldence & Other sal	PERFORMED?  1 YES 2 NO  Ner (Specify)  ESCRIBE HOW INJURY OF Town, Street and Number (or Town, Street)  Buse(a) and manner as at its and place, and dua to the street and place, and dua to the street and place.	CCURED  Or or Aural Acus  Index.  TE SIGNED (M. 1.2	MULABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 HO  TO Number,  In Mumber,
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Heturni 5 Pending Investigation 2 Accident Investigation of the dearmined dearmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  Mandaul	DUE TO (OR AS A d	patient 3 DOA  28b. TiMi finJ  (	26. PLACE OF D  OTHER: 4   Nursing Home 5 GrRe E OF URY WORK? 1   YES 2   Intreet, factory, office	EATH (Check only of saldence & Other sal	PERFORMED?  1 YES 2 NO  Ner (Specify)  ESCRIBE HOW INJURY OF CATION (Street and Number y or Town, State)  Suse(a) and manner as state and place, and due to 1  29d. DA	ACCURED  CCURED  or or Rural Rouse  sted.	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 HO  TO Number,  TO Number,  Ind menner as stated.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OD ATTENDING BUNCHIAN. The last requires that the death certificate he executed within 12 ho
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH OI 1992 CORRING) Corine SNOWDEN HARRISON 8:58 AM 12 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN. 5. SEX 6. AGE (In yra. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 🗐 F 216 10 6578 YRS. 10/22/1903 Md use as the burlal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 248 N. MONROE ST. BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore LX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 248 N. Monroe St. 21223 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cubin, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Stack, White, stc. 1 Never Married 2 Marrie 1 TES 2000 Specify BY 3 Widowed 4 Divorced Brack BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ğ Elementary/Secondary (0-12) College (1-4 or 5+) detached Cashier 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) filled in by the funeral director, page 5 should be notified at Joseph Snowden Ella West 18a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 248 N. Gloria Snowden 21223 Monroe St. Balto. Md. pe 20a METHOD OF DISPOSITION

\*\*Libertal 2 | Cremation 3 | Rer
4 | Donation 5 | Other (Specify) \_\_\_\_ 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE must Cerating Country of the place) Balto., Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE James A. Morton & Sons James a 1701 Laurens St. Balto., Md. 21217 medicai 23. PART (/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. interval Between 0 **IMMEDIATE CAUSE (Final** Onset and Death cremation, the disease or condition resulting in death) the attending physician and completely Mental Hygiene prior to burial, crematic Arteriosclerotic Cardiovascular Disease event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury. PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Health and shows any 1 YES 2 NO OF DEATH? INOUIRY 1 YES 2 NO of PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) State certificate HOSPITAL: OTHER: 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗌 Nun me 5 X Residence 6 C Other (Specify) 0 the 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO marked, with 1 Natural 2 Accident M 1 YES 2 NO BY death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 60 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: A hours after d ETED 6 Could not be 28 4 Homicide Hem 29e, CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL DE THE STAND TO HE HE HE 2 MEDICAL EXAMINER: On the besie eth occured at the time, date and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) O.C.M.E **▶**12-01-1992 2 30. NAME AND AGORESS OF PERSON WHO MARIO PAGOL ETEO CAUSE OF OFATH (ITEM 27) (Type, Print) 11 Penn Street, Baltimore, Maryland 21201

31. DATE FILED (Month, De 0

armain, and

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	permit.		
ACTION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	WERM, UNBOTHOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.		
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	1 - STATE REGISTRAR	STATE OF I	/ MARYLAND CE				DEAT		MENTAL	REG. NO.			0072	7
	1. DECEDENT'S NAME (First, Middle, Las	•							2. DATE	OF DEATH		YEAR	3. TIME OF DEAT	ГН
	Iva Louis								71"	30-92			2:19 P	M
	4. SOCIAL SECURITY NUMBER  220→22→7493	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE ( (Month)	Day War		Country	PLACE (State or Fo	
	9e. FACILITY NAME (if not institution, give street and number)			1110.	9b. CITY	, TOWN C	R LOCATIO	ON OF DE		-1913	9c. COUNT	A UE DI	Tennes	see
S.	Franklin Sq	uare Hosp	ital				svil				Bal.			
EC	RESIDENCE OF DECEDENT  10a. STATE  10b. COU		10c CIT	Y. TOWN	OR LOCAT	ION					_	10d. INSIDE CITY		
DIRECTOR	Maryland	Balt	imore	100. 011	1, 10001	on Eoon	1011	Dun	dalk				LIMITS?	
	10e. STREET AND NUMBER					101	ZIP CODE		otto Cic		10g. CITIZE	N OF W	HAT COUNTRY?	(IIIO
FUNERAL	7417 Holabird Avenue								1222			I.S.	Α.	
	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARN	MED O		tf yes, spe	city Cuba	n, Mexica	n, Puerto A	(Specify Yes icen, etc.)	or No — 1	4. RACE Black	- American India, White, etc.	en,
BY	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES			1 TYES	2  XNO	Specify	<i>y</i> :			Specif	" Whit	e
COMPLETED	15. DECEDENT'S E (Specify only highest gro		(Giv	e kind of	USUAL O		N st of workin	g	16b.	KIND OF BUS	INESS/INDU	STRY	-	
PLE	Elementary/Secondary (0-12)  11th Grade	College (1-4 or 5	+)		nake	4				O	un Hon	20		
MO	17. FATHER'S NAME (First, Middle, Last)			TOTALC	nocico		18. MOTH	ER'S NA	ME (First, M	liddle, Malden		ie		
BE C	Edmund P. Eas	ley							. Hoo		,			
2	100. INFORMANT'S NAME (Type/Print) Robert M. Hall									er, City or Town				
	20a. METHOD OF DISPOSITION		20b. PLACE AI					20, 1		ek, Ma		_		
	1 Donation 5 Other (Specify)	emoval from State	camejery crem	lowi	the place)	Mem.	Par	ık 1:	2 - 3 - 9	20c. LOC	TAOU	Man	uland	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME AN	O ADDRES	S OF FA	CILITY	al Hau	0000	n	dalk, I	1. 7
	1 Jano	5 Cm	-a-			79:	22 W	SO A	Tuner	Dundo	re of	land	laack, 1	nc. 1222
	23. PART i. Enter the diseases, of ahock, or heart failur	e Complications that	t caused the dea	th. Do i	not enter	the mo	da of dyi	ng, suci	h as card	iac or respir	atory arres	it,	Approxima	21e
	iMMEDIATE CAUSE (Final disease or condition				1.2		. 7	р.					Onset and	
	disease or condition													
z	Aenocarcinoma of colon with metastasis to liver										İ			
NTIO	Sequentially list conditions, if any, leading to immediata													
FIC	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c		als and lymph nodes										
CERTIFICATION	resulting in death) LAST	d			,									
	PART ii. Other algnificant conditi	ona contributing to	death but not re	suiting	in the ur	derivino	Cause	lven in	Part i	24a. WAS AN	UTOBEV	Last	WERE AUTOPSY FI	
ICAL						a control of	02000 2			PERFOR	MED?		AVAILABLE PRIOR	TO
MED									_	1 (X YES 2			OF DEATH?	NO
PHYSICIAN: MED														
SC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	22		OTHE	9:			ick only one					
HYS	1 TYES 2 NO 27. MANNER OF DEATH	28+. DATE OF		28b. TIM	E OF	28c. INJI		eldence	6 Other	(Specify)	JURY OCCU	RED		-
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Year)	INJ	M	WO	RK? ES 2	NO .		Design Comment				
	3 Suicide 6 Could not b	bullding.	F INJURY — At homate. (Specify)	e, ferm, :	street, fact	ory, office				TION (Street of Town, State)	nd Number or	Rural Ro	oute Number,	
COMPLETED														
MPL		YSICIAN: To the best of												
	29b. SIGNATURE AND TITLE OF CERTIF	NER: On the beele of e	camination end/or in	vestigatio	n, in my c	pinion, de				and place, and				lated.
B	Pellingno	M.D					DO. LICE	935	BER V		29d. DATE S	IGNED !	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUS	SE OF DEATH-(ITEM	27) (Type,	, Print)	4				KIP.	2 .			
	R.S. MAGNO	1.0	7841	WI	10 1	gve,	15	967	0.	no.	1/22	2		
	0EC 0 4 1992	Sul 32 MEGIS IRA	TO THE PARTY OF											

FOR

	-	Pages	
BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit pen on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Ages be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE		ICATE				NENIAL	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O				3. TIME OF DE	ATH
	DOROTHY L	OUISE			HEF	RNAN	IDEZ		MONTH	30	)	92	9:30	A . M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF			a. BIRTH	IPLACE (State or	Foreign
		1 🗆 M 2 💢 🕸	49	YRS.	MONTHS	DAYS	HOURS	MIN.	1070	1/194	3	Nor	th Card	olina
	Sa. FACILITY NAME (If not institution, give s	street and number)			9b. CITY,	TOWN 0	R LOCATE	ON OF DE	ATN		9c. COU	NTY OF D	EATN	
OR	2736 REESE AVE				BAI	TIM	ORE	CIT	ГҮ					
DIRECTOR	RESIDENCE OF DECEDENT													
H												10d. INSIDE CI LIMITS?	TY	
	Maryland Ci	ty		D	alti								1- YES 2	
RA	The programme of the pr					101.	ZIP CODI						WHAT COUNTRY	7
FUNERAL	2736 Reese Ave.	10 MM C DECEDED	T EVER IN U.S. AR		100		212					.S.A		
	1 Never Married 2 Married	YES 2 XN		- 1	f yes, spe	ecify Cube	n, Mexicar	1, Puerto Ric	(Specify Yes can, etc.)	or No-	14. RACE Black	E — American Ir k, Whita, etc.	dien,	
Β¥	3 Widowed 4 Divorced	AR OR DATES		1	YES	2 NO	Specify				Speci	Black		
0	15. DECEDENT'S EDU		16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON .		16b, K	IND OF BUS	INESS/ING	DUSTRY	DIACK	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- Alde	Do NOT u	work done one retired.)	during mos	st of workin	70						
AP.	12			Home	makei	c				Own H	ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	NER'S NAI	ME (First, Mic	Idle, Maiden	Sumame)			
BE (	Edward	Young						S	allie	Lewi	S			
5	19a, INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRESS	(Street a	nd Number	or Rural R	loute Number	City or Town	n, Statu, Zip	Code)		
	Sandra L. Young		5	645	Farms	sted	Rd.	, P	fafft	own,	NC	270	40	
	20a. METHOD OF DISPOSITION  1  Burlal 2 Cremation 3  Rem	oval from State	20b. PLACE A cemetery, crea	NODATE	OF DISPOS	ITION (Na	me of		DATE	20c. LO	CATION —	City or To	wn, Stata	
	4 Donation 5 Other (Specify)		Everg	reen	Ceme	eter	У		12/9	2 W	inst	on-S	alem,	NC
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	. /	7			O ADDRES			G FUN	DD A F	T10N4	E TAIC	,
	Dunne	1. Kin	mil	/						Balt			E, INC MD 212	
	23. PART I. Enter the disesses or	omplications the	t caused the de	eth. Do	not enter	ths mo	de of dyl	ng, such	ss cardle	c Dr respi	ratory sn	rest,	Approxi	
	shock, or heart failure/	List only one cau	ise on each line	•										Between nd Death
	disesse or condition resulting in death)	. MILT	IPLE !	BLUNT PORCE INJURIES										
	DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially list conditions,	b												
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	NSEQUENCE OF):										
5	CAUSE (Disease or Injury	C. DUE TO	(QR AS A CONSEC	MOSCOUPLING OF										
Ē	that initiated events resulting in death) LAST	502.10	(an As A Consec	SEAUCITICE OF J.										
CERTIFICATION		d											1	
DICAL	PART II. Other significant condition	s contributing to	death but not re	esuiting	In the un	derlying	cause g	lven in i	Part I. 2	44. WAS AN		24b.	WERE AUTOPSY	
OIC.									_   1	YES 2			COMPLETION OF DEATH?	
ME									_ [	$\wedge$			1 VES 2	NO
ä									_				1	
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only one)					
S	1 X YES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER		6 5 <b>∭</b> Re	sidence	B 🗆 Other (	Specify)				
>	27. MANNER OF DEATN	28a. DATE OF	INJURY ay, Year)	28b, TIM		28c. INJU			28d. DESCI	RIBE NOW IN	JURY OC	CURED		
PHY	4 C November 2 C Resident		M 1 YES 25 NO				SUBJECT BEATEN							
BY PHYSICIAN:	1 Natural 5 Pending 2 Accident Investigation	FOUND	7500000						281, LOCATION (Street and Number or Rural Route Number,				V	
B	2 Accident Investigation 3 Suicide 6 Could not be	Took PLACED	FINJURY ZAt hor			ory, office			28f. LOCAT					
B	2 Accident Investigation 3 Suicide 6 Could not be determined	Took PLACED	FINJURY ZAt hor		treet, fecto OME	ory, office			281. LOCAT City or	ION (Street a	nd Number	or Rural F		
B	2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PNYS	28 PLACE Of building,	FINJURY At hor atc. (Specify)	T H	OME	me, data	and place,	and due	28f. LOCAT City or 2736 to the cause	TOWN (Street a Town, State)  REF	nd Number ESE ner as star	or Rural F AVE ted.	Route Number,	
B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28 PLACE Of building,	FINJURY At hor atc. (Specify)	T H	OME	me, data	and place,	and due	28f. LOCAT City or 2736 to the cause	TOWN (Street a Town, State)  REF	nd Number ESE ner as star	or Rural F AVE ted.	Route Number,	stated.
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PNYS	Izek PLACEO building,	FINJURY At hor atc. (Specify)	T H	OME	me, data	and place, eath occur 29c. LICE	and due	28f. LOCAT City or 2736 to the cause lime, data as	TOWN (Street a Town, State)  REF	ISE ner as star d due to If	AVE ted, te cause(s	) and manner as (Month, Day, Yea	ır)
BE COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) X MEDICAL EXAMINE	Izek PLACEO building,	FINJURY At hor atc. (Specify)	T H	OME	me, data	and place, eath occur 29c. LICE	and due	28f. LOCAT City or 2736 to the cause lime, data as	TOWN (Street a Town, State)  REF	ISE ner as star d due to If	AVE ted, te cause(s	and manner as	ır)
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) X MEDICAL EXAMINE	CIAN: To the best of R: On the basis of O COMPLETED CAUSE	FINJAN ZAT hot stc. (Specify)  my knowledge, dei sagnination and/or it	T H  ith occum  nivestigation  1 27) (Type,	OME  od at the the on, in my of	me, data pinion, de	and place, eath occur 29c, LICE	and due	281. LOCAT City or 2736 to the cause lime, data as BER	ION (Street a Town, State)  REF  (e) and manned place, and	TSE ner as stard due to If 29d. DAT	AVE ted. te cause(s E SIGNED	oute Number, and manner as (Month, Day, Yes 1 - 1992	ır)
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 25b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON/WH	CIAN: To the best of a COMPLETED CAUSE	TINJUNE ZAT hot stc. (Specify)  my knowledge, det magningtion and/or it sagningtion and sagningt	ath occum nvestigation	OME  od at the the on, in my of	me, data pinion, de	and place, eath occur 29c, LICE	and due	281. LOCAT City or 2736 to the cause lime, data as BER	TOWN (Street a Town, State)  REF	TSE ner as stard due to If 29d. DAT	AVE ted. te cause(s E SIGNED	oute Number, and manner as (Month, Day, Yes 1 - 1992	r)
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 X MEDICAL EXAMINE  26b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of a COMPLETED CAUSE	my knowledge, details of DEATN (ITEM	ath occum nvestigation	OME  od at the the on, in my of	me, data pinion, de	and place, eath occur 29c, LICE	and due	281. LOCAT City or 2736 to the cause lime, data as BER	ION (Street a Town, State)  REF  (e) and manned place, and	TSE ner as stard due to If 29d. DAT	AVE ted. te cause(s E SIGNED	oute Number, and manner as (Month, Day, Yes 1 - 1992	r)

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ARE FURENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune to 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE	
		CERTIFICATE OF DEATH		REG. NO.	

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIE		00001	
1	1. DECEDENT'S NAME (First, Middle, Lest)	Thomas	K. Jenk	ins		2. DATE OF DEATH MONTH	DAY 2	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215 2888 70	1 0 M 2 🗆 F G	yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
POR	9a. FACILITY NAME (# not institution, give s Mercy Hospita	9c. COUNTY	OF DEATN						
DIRECTOR	Md .	,		TOWN OR LOCAL			10d. INSIDE CITY LIMITS? 1   YES 2   NO		
FUNERAL	100. STREET AND NUMBER 724 N. 1	Monroe St.		101	2121	.7		N OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 7 NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2.1 NO Specif	NIC ORIGIN? (Specify 1 an, Puerto Rican, etc.) fy:		Black, White, etc. Specify: American	
16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  To Father's NAME (First, Middle, Lest)  James L. Jenkins  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUS (Give kind of work done during most of working life. Do NOT use retired.)								TRY	
	17. FATHER'S NAME (First, Middle, Last) James L.	Jenkins				NME (First, Middle, Maid	,		
TO BE	19a. INFORMANT'S NAME (Type/Print)  Eartha Smith		,			Jenkin Aboute Number City or N alto. Md.		·	
	20g. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		LACE AND DATE OF	DISPOSITION (Na			OCATION — CH	y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	1 Bles	7	Est.	300 Euta	ers Funer w Pl. Bal	to. Md.	21217	
CERTIFICATION	23. PART 1. Enter the diseases, or o shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	Z SA OCONSEQUENCE OF)	k	de of dying, suc	th as cardiac or rea	piratory arres	t, Approximata interval Batween Onset and Death	
MEDICAL	PART II. Other algorificent condition	ne tos lata	not resulting in			Part i. 24a. WAS / PERF	AN AUTOPSY DRMED? 2 DZNO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C)				
λΗ.	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpati 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUP	RED	
ВУ	1 Accident 5 Pending Investigation			M 1 🗆 1	rES 2 NO				
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify,	)	eet, factory, offici		281. LOCATION (Street City or Town, State	t and Number or b)	Hural Route Number,	
COMPLETED		CIAN: To the best of my knowled R: On the basis of examination e						ause(s) and manner se stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Resola -			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)	
12	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH			Pa. / D/.	R-C	10-1-	21301	
	DEC 04 1992 Ju	LE DEVISION - HOND	URE	2 1 27	I SEN PULL	e Balt	[hd	c1 C01	

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to bunial, cremation, or removal.

IN PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25

STATE OF	MARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF	DEAT	ГН		REG. NO.

1 - FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, ROBERT	Last)	JOHNSON			2. DATE OF OEATH DAY 12 - 2 - 92	YEAR	3. TIME OF DEATH 12:40 PM	
4. SOCIAL SECURITY NUMBER 214-30-5950	1 🖄 M 2 🗆 F	58 YRS. MOI	NTHS DAYS H	DAYS HOURS MIN. (Month, Day, Year) Country) 4-11-34				
0 111	altimore Co. Gen. Hospital 96. CITY, TOWN OR LOCATION OF GEATH						timore	
100. STATE 100. C	TD 10b. COUNTY			N		10d. INSIDE CITY LIMITS? 1 \( \overline{\chi} \) YES 2 \( \subseteq \text{NO} \)		
100. STREET AND NUMBER 607 WOODSIDE	ROAD			1208	10g.	U.S	A.	
11. MARITAL STATUS  1 Never Married 2 XXMerried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	2 NO		fy Cuban, Mexicer	IC ORIGIN? (Specify Yes or No. n, Puerto Rican, atc.) :	14. RACI Blaci Spec	E — American Indian, k, White, etc.	
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Le	\$ EDUCATION t grade completed) College (1-4 or 8+)	16a. OECEOENT'S USI (Give kind of work life. Do NOT use re	done during most of	of working	U.S. AIRF		Darrott	
ELMER JOHNSON				CATHERI	ME (First, Middle, Melden Surnen NE BARNES			
199. INFORMANT'S NAME (Type/Print ODELL JOHNSON	,				Toute Number, City or Town, State  LTIMORE, MD 2			
20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify 21, SIGNATURE OF FUNERAL SERV	Removal from State	ob. PLACE AND DATE OF of cemetary, crematory or of CARRISON FO	other place) REST VA		DATE 20c. LOCATION			
Frence	>/A.	5	DEVIN		F.H./1101	E. N	ORTH ANE.	
23. PART I. Enter the disease shock, or heart far immediate cause or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. ARTER 1 O DUE TO (OR AS DUE TO (OR AS C.	each lina.			IARDISOAS		Interval Between Onset and Death	
PART II. Other significant cor	4 4 . 6.	TUS	the underlying (	csuse given in	Part I. 24a. WAS AN AUTON PERFORMEO?		D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
25. WAS CASE REFERRED TO MEDI EXAMPLER?	HOSPITAL:	10	26. PLACE	CE OF DEATH (Ch	eck only one)			
		Y 28b. TIME O	OF 28c, INJUF	RY AT	8 Other (Specify) 28d. OESCRIBE HOW INJURY	OCCURED		
m i i i i i i i i i i i i i i i i i i i	28e. PLACE OF INJUI	RY — At home, farm, stre pecify)	et, factory, office	2	281. LOCATION (Street and Nu City or Town, State)	mber or Rural	Route Number,	
(Oriotin Orin)	PHYSICIAN: To the best of my kno KAMINER: On the besis of examinar						a) and manner as stated.	
29b. SIGNATURE AND TITLE OF CE	MUCONW	MIN	4	29c. LICENSE NUI	MBER 29d. ▶	IN S	(More), Day, Year)	
30. NAME AND ADDRESS OF PERS	9m Sowi 4	LOS FRed.	eriel	4vs (	ATO NSVILL	E-71	hors.md	
DFC 0 4 1992	Julia Devidson Po	ndelle						

Josephine M. Kubar  4. Social security number  5. Sex  6. AGE (in yrs. last birthday)  F under 1 year   F under 24 Mrs.  MONTHS DAY'S HOURS MIN.  215-48-7769  9a. FACILITY NAME (if not institution, give street end number)  Bel Forest Nursing & Rehab. Center  Bel Air  FESIDENCE OF DECEDENT  10a. STATE   10b. COUNTY   10c. CITY, TOWN OR LOCATION   Maryland   Baltimore   Baltimore    10a. STREET AND NUMBER  3038 Linwood Avenue  11. Marital STATUS   12. Was Decedent ever in u.s. ARMED   13. Was Decembert of Hyes, apschy Cuben, Marked   17. Yes, apschy Cuben, Marked   17. Yes, apschy Cuben, Marked   17. Yes, apschy Cuben, Marked   17. Yes, apschy Cuben, Marked   17. Yes, apschy Cuben, Marked   17. Yes, apschy Cuben, Marked   17. Yes, apschy Cuben, Marked   17. Yes, apschy Cuben, Marked   18. Decedent seducing most of working    15. Decedent's Education   16. Decedent's Usual Occupat	Nov. 26 7. DATE OF BIRTH (Morth, Day, Your) Mar. 19, EATH	1907 Ma  Be. COUNTY OF  Harfo  109. CITIZEN OF	8:05 A. N THPLACE (State or Foreign only) LTYland DEATH
4. SOCIAL SECURITY NUMBER  2.15-48-7769  9a. FACILITY NAME (If not institution, give street end number)  9a. FACILITY NAME (If not institution, give street end number)  9a. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DE  Bel Air  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  Maryland  Baltimore  10c. CITY, TOWN OR LOCATION  Baltimore  10c. CITY, TOWN OR LOCATION  Baltimore  10d. ZIP CODE  3038 Linwood Avenue  11. MARITAL STATUS  1 Never Married  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPAN  14. Yes, apsectly Cuben, Mexica  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  15. DECEDENT'S USUAL OCCUPATION  (Specify only highest grade completed)  15a. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working life. Do NOT use registed)	7. DATE OF BIRTH (Morth, Day, War) Mar. 19, EATH	1907 Ma Se. COUNTY OF Harfo	THPLACE (State or Foreign nitry) LTYLAND DEATH OTD 1004. INSIDE CITY
See See See See See See See See See See	Mar. 19,	1907 Ma sc. COUNTY OF Harfo	ryland peath rd
Se. FACILITY NAME (N not institution, give street end number)  Bel Forest Nursing & Rehab. Center  Bel Air  RESIDENCE OF DECEDENT  10e. STATE  10e. STATE  10e. STATE  10e. STREET AND NUMBER  3038 Linwood Avenue  11. MARITAL STATUS  11. MARITAL STATUS  11. MARITAL STATUS  11. Mever Married  21. WAS DECEDENT EVER IN U.S. ARMED  FORCES?  11. YES 2 NO  Specify Cuben, Markes  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  15. DECEDENT'S USUAL OCCUPATION  (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working life. Do NOT use registed)	ATH  / I ORIGIN? (Specify Ye	Bc. COUNTY OF Harfo	PEATH  I'd  10d. INSIDE CITY
Bel Forest Nursing & Rehab. Center Bel Air  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  Maryland Baltimore Baltimore  10d. STREET AND NUMBER  3038 Linwood Avenue  11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEMBENT OF HISPAN  14. Wes, epochly Cuben, Mexica  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  15a. DECEDENT'S USUAL OCCUPATION  (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION  (Give kind of work door during most of working life. Do NOT user along of user refined)	IIC ORIGIN? (Specify Yes	10g. CITIZEN OF	10d. INSIDE CITY
Maryland Baltimore    Maryland Baltimore Baltimore	IIC ORIGIN? (Specify Yes		
10e. STREET AND NUMBER  3038 Linwood Avenue  11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3038 Linwood Avenue  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN 14 Yes, specify Cuben, Mexice 15 PORCES? 1 YES 2 NO 16 PORCES? 1 YES 2 NO 16 PORCES? 1 YES 2 NO 17 YES 2 NO 18 DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16 DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  17 YES 2 NO 18 PORCES? 19 PORCES? 19 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 11 PORCES? 11 PORCES? 12 PORCES? 13 PORCES? 14 PORCES? 15 DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16 PORCES? 16 PORCES? 17 PORCES? 18 PORCES? 19 PORCES? 19 PORCES? 19 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 11 PORCES? 11 PORCES? 12 PORCES? 13 PORCES? 15 PORCES? 16 PORCES? 16 PORCES? 16 PORCES? 16 PORCES? 17 PORCES? 18 PORCES? 19 PORCES? 19 PORCES? 19 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 11 PORCES? 11 PORCES? 12 PORCES? 13 PORCES? 15 PORCES? 16 PORCES? 16 PORCES? 16 PORCES? 16 PORCES? 16 PORCES? 17 PORCES? 17 PORCES? 18 PORCES? 19 PORCES? 19 PORCES? 19 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 11 PORCES? 11 PORCES? 11 PORCES? 11 PORCES? 11 PORCES? 12 PORCES? 13 PORCES? 15 PORCES? 16 PORCES? 16 PORCES? 16 PORCES? 16 PORCES? 17 PORCES? 17 PORCES? 18 PORCES? 19 PORCES? 19 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 10 PORCES? 11 PORCES?	IIC ORIGIN? (Specify Yes		
3038 Linwood Avenue  11. MARITAL STATUS  1	IIC ORIGIN? (Specify Yes		1 TES 2 NO
11. MARITAL STATUS 1 Never Married 2 Married 15. DECEDENT'S EDUCATION (Specify only highest grade completed)  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN 14 yes, specify Cuben, Mexice 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Decedent's usual occupation (Give kind of work done during most of working life. Do NOT use reliefed)	IIC ORIGIN? (Specify Yes		WHAT COUNTRY?
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use referred life. Do NOT use referred life.	IIC ORIGIN? (Specify Yes	U.	S.A.
life, Do NOT use retired.)		Ble	CE — American Indian, sec, White, etc.  White
life, Do NOT use retired.)	16b. KIND OF BU	SINESS/INDUSTRY	
N = Elementary/Secondary (0-12) College (1-4 or 5+)		O-S-OHMAN	
	Oten	n Home	
N/a N/A Homemaker  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NA	ME (First, Middle, Maiden		
Joseph Kolar Joseph	hine Duse		
19a INFORMANT'S NAME (StreetPrint)			
	Fallston	MD 21	047
200 METHOD OF DISPOSITION		CATION — City or	
1 Description   Removal from State   20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)   Most Holy Redeemer Cemeter   21 SIGNATURE OF SINERAL SERVICE LICENSE			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA	CILITY		Hatytand
Comparison   Com			D 01006
9705 Belair F	coad, Balt	imore, M	
shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition	ii as cardiac or resp	ratory arrest,	Approximate interval Between Onset and Death
a. 15 Chemic Heart Orsland  DUE TO (OR AS A CONSEQUENCE OF):			
Sequentially list conditions, Due To (or ASA CONSCOUENCE OF)			
S S S S S S S S S S S S S S S S S S S			
D E E CAUSE (Disease or Injury			
CAUSE (Disease or Injury that initiated events resulting in death) LAST			i -
d			
기 를 목종 클 및 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part i. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO
SEREE China atind & billation	1 YES 2		COMPLETION OF CAUSE OF DEATH?
Recorded Ventuclas Tachycondon			1 TES 2 TYNO
	_		7
28. PLACE OF DEATH (Ch.	eck only one)		
EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA 4 Nursing Home 5   Residence	8 Other (Specify)		
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Veer) 28b. TIME OF INJURY AT WORK? 1 Noturel 5 Pending 28a. DATE OF INJURY WORK?	28d. DEŞCRIBE HOW I	INJURY OCCURED	
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	28f. LOCATION (Street of City or Town, State)		I Route Number,
29e. CERTIFIER (Check only one)  29 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the			e(s) and manner es stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUM	ABER	29d. DATE SIGNE	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	22	12-	1-92,
Dr. Mark J. Wild, 620 Boulton Street, Bel Air, MD 2	1014		
31. DATE FILED (Month, Dev. Near) 32 DEGISTRAR'S THATWAR			

with the same of the last

4 8 2 2

THE FORTILL ON THE STATE OF THE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / [		OF HEALTH AND	MENTAL HYGIEN REG. NO.	E	- 00004
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	RUTH B. KOCH				MONTH / 2	8/9	2 3:25/m
		. SEX 6. AGE (In yrs. last t			7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign Country)
	213 32 3000	□ M 2√ F 83	YRS. MONTHS	DAYS HOURS MM.	12-23-	08	MD.
~	9a. FACILITY NAME (If not institution, give street CHURCH HOSPI'			TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	TALI	Ba	altimore			
E C	10a. STATE / 10b. COUNTY		R LOCATION			10d. INSIDE CITY	
a	MD.		BAUT	MORE			1 YES 2 NO
¥	10e. STREET AND NUMBER	A		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	39/2 FAIT	AVE.		21724	f	U.	5 · A ·
ᆵ	11. MARITAL STATUS 12  1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO	)	MAS DECENDENT OF HISPAI 1 yes, specify Cyben, Mexico	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No- 14,	RACE — American Indian, Black, White, etc.
à	3 Widowed 4 Divorced	IF YES, GIYE WAR OR DATES	1	Tes 2 (NO Specif	y:	1	Specify: 175
8	15. DECEDENT'S EDUCATE (Specify only highest grade con		EDENT'S USUAL OC	CCUPATION	16b. KIND OF BUS	SINESS/INDUST	RY TI
	Elementary/Secondary (0-12)		Do NOT use retired.)	during most of working			
COMPL	12		MEMA	KEL	-		
임	17. FATHER'S NAME (First, Middle, Last)	1 reals		18. MOTHER'S NA	AME (First, Middle, Meiden	Sumame)	
H	19a. INFORMANT'S NAME (Type/Print)	HEORAHD	1710	NA HUF	7		
2	GLENIA L.	Kack :	(Street and Number or Rural	Houte Number, City or Tow	n, State, Zip Con	2/774	
	20s. METHOD OF DISPOSITION	20b. PLACE AN	D DATE OF DISPOSE	ITION (Name of	DATE 20c, LO	CATION — City	or Town, State
	1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		gory or other placal	(EM 12	2-3-92 B	ALTO	co. MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE IA A	22. 1	NAME AND ADDRESS OF FA	СПТУ		21224
	+ 4 Komes J.	Skerley	. /-	InFFMAND-	CKARDA	22/8	HUDSAL ST
	23. PART i. Enter the disesses or com	plications that caused the deal	th. Do not enter	the mode of dying, suc	h as cardiac or respi	ratory arrest	, Approximate
	shock, or heart faifure. List IMMEDIATE CAUSE (Fins)	t only one cause on each line.					Interval Between Onset and Death
	disesse or condition resulting in death)	KESPIA	ATO.	MY P.	AILVR	6	į
		DUE TO (OR AS A CONSEQU	JENCE OF):				
No.	Sequentially ilst conditions, b.	DUE TO (OR AS A CONSEQU	IENCE OEI-				
¥	if any, leading to immediate cause. Enter UNDERLYING	102 10 (0.1 NO X 0010240	or j.				Ì
틸	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQU	JENCE OF):				
CERTIFICATION	resulting in death) LAST						
AL C	PART II. Other significant conditions of	ontributing to death but not re-	sulting in the un	derlying cause given in	Part I. 24e. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
		MONIA/		0515	PERFOR		AMULABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	D.M.					_ ***	OF DEATH?
	1						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSBITAL.		26. PLACE OF DEATH (C)	neck only one)		
\Si		OSPITAL: Inpetient 2 ER/Outpetient 3	DOA 4 Nurs	R: sing Home 5 □ Residence	6 Other (Specify)		
H	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED
B	2 Accident Investigation		M	1 YES 2 NO			
E	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home building, atc. (Specify)	ie, rarm, atreet, facti	ory, office	28f. LOCATION (Street a City or Town, State)	and Number or I	Bural Route Number,
9	29a. CERTIFIER	M. 7- 41- 12- 12- 12- 12- 12- 12- 12- 12- 12- 1			1		
COMPLET		N: To the best of my knowledge, deat On the basis of examination and/or im					nusefa) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU			GNED (Month, Day, Year)
BE	Mr.	Paremi o	0	D 12	372	<b>&gt;</b> (/,	128192
10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		I won took		-0//-
	31. DATE FILED (Month, Day, Year)	AK REGISTRAR A LIGHTING					
	DEC 0 4 1992 gula	penson	<b>6</b>				

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END	R: A	or d	
SPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	500	s aft	
OR	DIR	hour	
TAL	RAL	2	
0	W	5	

		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN	AF	2 33935
		1. DECEDENT'S NAME (First, Middle, Last)	U LYO	N				MY 9	YEAR O TID A M
P		4. SOCIAL SECURITY NUMBER 213-18-8734A	5. SEX 6. AGE	(in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIFTH (Month, Day, Year) 6/3/1924		BIRTHPLACE (State or Foreign Country)
2, 3 should	OR	9a. FACILITY NAME (If not institution, give BALTIMORE COUNTY	· ·	PITAL	96. CITY, TOWN O	STOWN	ATH		Y OF DEATH
. Pages 1,	DIRECTOR	106. STATE 106. COUNT MARYLAND BALT	Y IMORE	20	INGS MILI				10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO
020 physician. burial-transit permit. Pages 1,	FUNERAL	100. STREET AND NUMBER 4 REGALIA CT., AP	r. B		101	21117		USA	N OF WHAT COUNTRY?
9 2 9	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D. WWT	2 NO ATES	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	ns or No— 1/	4. RACE — American Indian, Black, White, etc. Specify: WHTTE,
21215 ai or attend for use as	ETED.	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S	USUAL OCCUPATION work done during mo		18b. KIND OF BU	JSINESS/INDUS	
MARYLAND retained by the hospita 5 should be detached in netified at once.	COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		JEWELE	R	18. MOTHER'S NA	JEWELRY		
× 66 ×	BE C	MAX LYON				ESTH			
	2	19s. INFORMANT'S NAME (Type/Print) MRS. SYLVIA LYON					Route Number, City or Tox		
FORE e 6 may rector, pa		20a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State 20b	PLACE AND DATE	OF DISPOSITION (No. Other place)	APT I	DATE 20c. LO	OCATION — CH	MD 21117 y or Town, State
ALTIMOR death. Page 6 m: tuneral director. L.		21. SIGNATURE OF FUNERAL SERVICE LI	censee deven	1		EVINSON 8	BROS., I	TIMORE	S, MD
S, P.O. BOX 68760, death certificate be executed within 24 hours after death. a standing physician and completely filled in by the funerental Hygiene prior to burial, cremation, or removal.	RTIFICATION	23. PART I. Enter the diseases, pr	END ST DUE TO (OR AS A	the death. Do ach line.	CARD STIVE	IOMYO	h as cardiac or resp	WITH	Interval Between Onset and Death
RECORDS, I v requires that the deat been signed by the att. It. of Health and Mental shows any Injury.	MEDICAL CE	PART II. Other algorificant condition MULTIPLE I	MZs, CRF	,DM,	UREN	g cause given in 11 A, PAILUM	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
F # # # 5	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	attlent 3 🗆 DOA	OTHER:	ACE DF DEATH (Che			
OF PHYSIC: this cer with th	ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	AE OF 28c. INJ JURY WO		28d. DESCRIBE HOW	INJURY OCCU	RED
TENDI TOR: A after d after d	ETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	street, fectory, office		261. LOCATION (Street City or Town, State		Rural Route Number,
	COMPLE		ICIAN: To the best of my know ER: On the basis of examination						cause(s) and manner es stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	s llv)			29c. LICENSE NUN  J 7	18ER	29d. DATE S	BIGNED (Month, Day, Year)
200		30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE		NDAL	WTOG	IN M	02	113?
		UEL 0 4 1332	a						

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Editor I Edit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Hem 28 is marked or Hem 23 shows any Inlury or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT				MENTAL HYGIEN		92	33936
	1. DECEDENT'S NAME (First, Middle, Last)								A DATE OF DEATH			3. TIME OF DEATH
	Sister Teresa M	rie I von	s MHS	Н					ионтн 29	1.0	92	8:30 A.m
1 1	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. lesi		IF UNDER	4 VEAR	IE IMPE	R 24 HRS.	7. DATE OF BIRTH	13		LACE (State or Foreign
		,,	MONTHS	DAYS	HOURS	MIN.	(Manth Day, Year	(Nameth 10sy, Yanti Country)				
	220-54-5491	92	YRS.					Sept 1,				
	9a. FACILITY NAME (If not institution, give st	reat and number)			9b. CITY,	TOWN C	R LOCAT	ION OF DE	ATH	9c. COU	NTY OF OE	ATH
片	The Villa				F	Roge	rs l	Forq	P		Ralt	imore
DIRECTOR	RESIDENCE OF DECEDENT					ioge		or g	<u> </u>	1	Dure	iniore
l m					Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
🚡					Roo	gers	Fo	rge				1   YES 2   XNO
						101	ZIP COD	Œ		10g. CIT	IZEN OF WI	HAT COUNTRY?
FUNERAL	6806 Bellona Ave	<b>a</b>					21	212			US	5 Δ
빌	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN U.S. AD	MED	140.3	MC DEC			HC ORIGIN? (Specify Ye	a a a Na		
교	1 X Never Married 2 Married	FORCES? 1 [	YES 2 🔀	0	100	f yes, sp	elfy Cub	en, Mexica	n, Puarto Rican, atc.)	a or No-		- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1	_ YES	2 X NO	Specify	r:		Specify	White
	15. DECEDENT'S EDUC	ATION	44 - DE	CEDENTIA	USUAL OC	CHIBATIC			16b. KIND OF BU	CINECO (INI	DISTRY	Willie
쁘	(Specify only highest grade		(G/	ve kind of	work done o	during mo	st of work	ing	160. KIND OF BU	SINESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)										
₹				N	un				Re	igiou	s Ord	ler
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	THER'S NA	ME (First, Middle, Maider	Sumama)		
BE (	Martin J. Lyons							C	atherine I	Dolan		
	19a. INFORMANT'S NAME (Type/Print)		198	, MAILING	ADDRESS	(Street a	nd Numbe	or or Rural i	Route Number, City or Tox	vn, State, Zij	o Code)	
임	Mission Helpers (	Center		100	1 W.	lon	na	Road	Towon	ME	21	204
	20a, MI HOD OF DISPOSITION		20b. PLACE								City or Tow	
1 1	1 Burisi 2 Cremation 3 America	rval from State	other pla	100)					200.00			
- 8	4 Donation 6 Other (Special) 21, SKINATURE OF FUNERAL SERVICE LIG	Luce	New	Cati	nedra			tery		Balti	more	. Maryland
1 1	21. Stunday of Function Strong Strong	AL-APT			22.1					- d- f-	ا اما	-
	Martin D La	wson							litchell-Wi			um. MD 210
	23. PART I. Enter the diseases, or o	NAME OF TAXABLE PARTY O	caused the de	ath. Do	not enter							Approximate
1 1	shock, or heart fellure.											Interval Between
1 1	IMMEDIATE CAUSE (Finel disease or condition	0	- 10 1							Onset and Death		
1 8	resulting in death)	2.4	pulle	NO.								
		DUE TO (	AS A CONSEC	DUENCE C	NF):							
Z	Conventielly that conditions	<b>.</b>										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (	OR AS A CONSEC	DUENCE C	F):							
8	CAUSE (Disease or Injury											
	that initiated events	DUE TO (	OR AS A CONSEC	QUENCE C	F):							
듄	resulting in death) LAST											ļ
씽												1
A	PART II. Other significant condition	s contributing to	death but not r	esulting	In the un	derlyln	cause	given in		NAUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	Myllen	NO 6	xixec	exe					1 D YES	2 NO	- 1	COMPLETION OF CAUSE OF DEATH?
쁘	0											1 TES 2 NO
2	72											
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF	DEATH (C)	eck only one)			
일	EXAMINER?	HOSPITAL:	191. V 917. L		OTHER	A:				-		
l≥	1 YES 2 NO	1 Inpetient 2 I						Residence	6 Other (Specify)	404 M 4004 . O.A	- ALIBER	
표	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, De		28b. Til	JURY		RK?		28d. DEŞCRIBE HOW	INJURY OC	CURED	
B	2 Accident Investigation				М		YES 2	□ NO				
ED	3 Suicide 8 Could not be	28e. PLACE OF building, o	INJURY - At he Hc. (Specify)	me, farm,	street, fact	ory, offic	•		28f. LOCATION (Street City or Town, State		or or Rural A	oute Number,
ETE	4 Homicide determined											
12	29a, CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	ny koowledge, de	with occur	red at the t	lme, date	and plac	e, and due	to the cause(s) and m	enner as etc	rted.	
M	(Check only one) 2 MEDICAL EXAMINE											and manner as stated.
COMPL		/			and any o						,	
BE	290. SIGNATURE OF CENTURES	Pa	ne	M	)		29c U	26	391	29d. DA	TE SIGNED	(Month, Day, Your) 29/92
SO, HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Poul Place for Hunseman							100 ()					



DEC 04 1992

(1)

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT	OF HEALTH	AND	<b>MENTAL</b>	HYGIENE
CERTIFICATE	OF DEAT	ГН		REG. NO.

1 - FOR STATE REGISTRAR		RTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Leen	<u> </u>	TOATE OF BEATT	2. DATE OF DEATH	3. TIME OF DEATH
Ella Relle Wilson	Lochte		MONTH // DAY	92 1215P W
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday,		7, DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
212-36-7 618 1 DM2	□xF 84 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 4-16-08	S. Carolina
9a. FACILITY NAME (If not institution, give street and num	ober)	9b. CITY, TOWN OR LOCATION OF D		COUNTY OF DEATH
Meridian Nursing (	Center	Baltimore		Baltimore
10s. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
Maryland Baltimon	ce Ba	altimore		1 YES 2 NO
10e. STREET AND NUMBER		10f. ZIP CODE	10g.	CITIZEN OF WNAT COUNTRY?
3313 Richmond Avenu	ie	21213		U.S.A.
50005	ECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxico		14. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married IF YES,	GIVE WAR OR DATES X	1 TYES 2 NO Specific	y:	Specify:
15. DECEDENT'S EDUCATION	16- DECEDENT	'S USUAL OCCUPATION	16b. KIND OF BUSINESS	White
(Specify only highest grade completed)	(Give kind o	f work done during most of working use retired.)	IGB. KIND OF BUSINESS	MADOSTRY
Elementary/Secondary (0-12) College (1	I-4 or 5+)	ng Supervisor	Hospita	.1
17. FATHER'S NAME (First, Middle, Last)	INULSII		AME (First, Middle, Malden Surnan	
John Cowan Wilson		The second second	Blakely	
19a, INFORMANT'S NAME (Type/Print)	19b. MAILIN	IG ADDRESS (Street and Number or Rural		a, Zip Code)
Wilson Lochte	165	3 Hardwick Rd.	.Towson. Mc	1. 21204
20a, METHOD OF DISPOSITION	20b. PLACE OF DISP	OSITION (Name of cemetery, crematory or		N — City or Town, Stata
1 Burial 2 ☐ Cremation 3 ☐ Removal from S 4 Donation 5 ☐ Other (Specify)	other place)	ore National C	em Balti	imore Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	() /	22. NAME AND ADDRESS OF FA	ACILITY	
I huisting	KODGIL	Johnson Fun		
23. PART I. Enter the diseases, or complication	ons that caused the death. Do	8521 Loch R	aven Blvd	Balto Md.
shock, or heart failure. List only of		- 1 1		intarval Between
IMMEDIATE CAUSE (Finel disease or condition		y Embolu	1	Interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition resulting in death)		y Embolu	*	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pulmonar		*	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Pulmonar	<b>1</b> 9:	<b>A</b>	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Indury	Pulmon or due to (or as a consequence due to (or as a consequence	OF):		
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Pulmonar Due to (or as a consequence	OF):	1	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Pulmon or due to (or as a consequence due to (or as a consequence	OF):	*	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributed.	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE	OF): OF): g_in,the underlying cause given in	Part I. 24a. WAS AN AUTO	Onset and Dasth  PSY 24b. WERE AUTOPSY FINDINGS
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE	OF): OF): g_in,the underlying cause given in	PERFORMED?	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributed.	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE	OF): OF): g_in,the underlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED?  1  YES 2 N	Onset and Dasth  Onset and Dasth  PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETED OF CAUSE
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributed.	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE	OF): OF): g_in,the underlying cause given in	PERFORMED?	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributions of the cause of th	Pulmon or DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE  Itino to death but not resulting	OF):  OF):  g in the underlying cause given in	PERFORMED?	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other significant conditions contributions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Pulmon or DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE  Itino to death but not resulting	OF):  OF):  g in the underlying cause given in the underlying caus	PERFORMED?  1 VES 2 N	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Denote the conditions contributed in the cause of injury that initiated events resulting in death) LAST  Denote the cause of injury that initiated events resulting in death) LAST  Denote the cause of injury that initiated events resulting in death) LAST  Denote the cause of injury that initiated events resulting in death and cause of injury that in the cause of injury that in the cause of injury that injur	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE  Iting to death but not resulting to death	OF):  OF):	PERFORMED?  1 VES 2 N	Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributed to the cause of injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1   Input  27. MANNER OF DEATH 288.	DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  OUE TO (OR AS A CONSEQUENCE  Iting to death but not resulting to death	OF):  Q in the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying the underl	PERFORMED?  1 YES 2 N  heck only one)  6 Other (Specify)	Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
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eath. Page 6 ma	funeral director, p	caminer must
thin 24 hours after d	etely filled in by the	nt, the medical e
icate be executed wit	physician and comple e prior to burial, cre	er traumatic ever
that the death certif	ed by the attending in and Mental Hydien	any Injury, or oth
M. The law requires	Sem Dept. of Healt	item 23 shows
TEND MEDICAL	Ohr ohr	8 is marked, or
TO THE HOSPITAL DRIVING MEMORY OF COMMENT THE Navie requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR TO THE FORM THE PARK SEN BOOK OF THE AND THE PRINCIPLE OF THE PRINCIPLE OF THE PROPERTY OF THE PROPERTY OF THE PARK AND MARKET MAGINE PRINCIPLE OF THE PARK OF THE PARK AND MARKET MAGINE PRINCIPLE OF THE PARK OF	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

	FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
1. DE	Charles W. I			2. DATE OF MONTH	DEATH DAY
4 00	WAL SECTIONS MUMBER				

į.	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR											
	Charles	W. Lev	wis, Sr.								992	1525 N
	4. SOCIAL SECURITY NUMBER	lest birthday)	IF UNDER 1 YE			Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign			
	218-24-4063		1 XX 2 F	76	YRS.	MONTHS DA			June 2,	1916		nsas
DIRECTOR	PENINSULA	REGION		AL CENT	ER		SBURY	ON OF DEAT	H		ICOM	
ច្ច	RESIDENCE OF DEC	10b. COUNTY	,									
<u> </u>						Y, TOWN OR L						10d. thSIDE CITY LIMITS?
	MCI	Worce	ester		Oce	an Cit				II make make		1 YES 2 NO
FUNERAL	12448 W. T		v Pond				101. ZIP COD	E				WHAT COUNTRY?
<u> </u>	11. MARITAL STATUS	orqua	12. WAS DECEDEN	IT EVED IN II S	ADMED	12 WM C	21842	NE HIERANIC	ORIGIN? (Specify	<u>  US</u>		E American Indian,
	1 Never Married 2	Married	FORCES?	X YES 2		If yes	s, specify Cuba	ın, Mexican, İ	Puerto Rican, etc.)	TOR OF NO-	Black	k, White, etc.
BY	3 ₩ Widowed 4 □ Divo	orced	WWII	MAN ON DATES		''	YES 2 XNO	Specify:			Speci	White
		CEDENT'S EDU		16a.	DECEDENT'S	USUAL OCCUI	PATION		16b. KIND OF I	BUSINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (I		College (1-4 or 5	+)	life. Do NOT u	se retired.)	most or works	79				
N N	7			Ma	sonry	,			self-e	mplov	ed n	nasonry
ខ្ល	17. FATHER'S NAME (First, M						18. MOT	HER'S NAME	(First, Middle, Maid			
BE	George W.	Lewis					Mau	ide St	tephens			
0	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS (Str			ite Number, City or 1	own, State, Zi	p Code)	
-	Larry Lewi				12448	W. T	orquay	Rd.	. Ocean	City	. Md	21842
į	20a. METHOD OF DISPOSITION  1  Burlet 2  Cremation 3  Ramovat from State				E AND DATE	PF DISPOSITION (Name of DATE 20c. LOCATION City or Town, State						
4 Donation 5 Other (Specify) Evergreen Cemetery								rlin,	Md.			
	21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE				HACE I		al Home	100	VA/:11:	5ma C4
	11.4	43	matale	_		Ber	lin, Me	d. 2	1811	, 100	AA 1111	ams St.
	23. PARKE, Enter the d	liseasea, or o	complications the	t caused the	deeth. Do	not enter the	mode of dy	ing, such e	ea cerdiac or rea	piretory ar	reat,	Approximate
	IMMEDIATE CAUSE (Fit		ciat only one cer	use on each I								Interval Between Onset and Death
	disease or condition resulting in death)	<b>→</b>	. Ash	restim	di	10 to	THAC	hen -	- esopho	age CL	1 fir	tella
	Tooling in doubly		DUEITO	(OR AS A CON	SEQUENCE O	F):	1,64	.100		U	- 1 9	
Z	Conversion the tea		· due	to	(	ancer	0	eso	phagu	0 *		
	Sequentially list condit if any, leeding to imme	diate	DUE TO	(OR AS A CON	SEQUENCE O	F):	ancer of esophageis					
RTIFICATION	CAUSE (Disease or inju		c	A								
	that initiated events reaulting in death) LAS	ST .	DUE TO	(OR AS A CON	SEOUENCE O	F):						
CER			d									
- 11	PART II. Other significa	ent condition	s contributing to	death but no	t reaulting	in the under	ying cause	given in Pa	rt I, 24a. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL	Chron	ic o	bstructi	ve bu	Umor	wy C	liscun	, mil	1 PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE									-	Lipito		OF DEATH?
									-			
HYSICIAN	25. WAS CASE REFERRED T	O MEDICAL				2	. PLACE OF D	EATH (Check	only one)			
2	1 YES 2 NO		HOSPITAL: 1 Inpetiant 2	☐ ER/Outpatient	3 DOA	OTHER:	Home 5 🗆 Ra	sidenca 6	Other (Specify)			
E	27. MANNER OF DEATH		26a. OATE OF (Month, E		26b, TIN		INJURY AT WORK?		8d. DESCRIBE HOY	V INJURY OC	CURED	
P B		Pending Investigation					YES 2	NO				
	3 Suicide 6	Could not be	28e. PLACE C	OF INJURY At atc. (Specify)	home, farm,	street, factory,	office	20	8t. LOCATION (Stree City or Town, Sta	t and Numbe	r or Rural R	loute Number,
-	4  Homicide	detarmined	1000000						Ony or lown, one	,		
COMPLETED	29a. CERTIFIER (Check only	TIFYING PHYSI	CtAN: To the best of	my knowledge,	death occurr	ed at the time,	data and place	, and due to	the cause(a) and n	nenner sa ste	ted.	
Σ II												) and menner as stated.
5 1							_	ENSE NUMBE				
	29b. BIGNATURE AND TITLE	CERTIFIÉR										
n	296. BIGHATUNE AND TITLE	CERTIFIE	work	Pop ho	M	12	10			•	11/	(Month, Day, Year)
	30. NAME AND ADDRESS OF	Che	udsof	Cher SE OF OEATH (1	TEM 27) (Type	Print)	10	5091		•	11/	29/92
n	Stotax	F PERSON WHO	COMPLETED CAU		. /		D23	5091		•	11/	29/9Z_
n	Stotax	CKO F PERSON WHO	COMPLETED CAU		Plish	Print)	D23	5091		<b>•</b>	11/	29/9Z_

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END	DR: A	50
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he filed within 72 hours after death with the State Dept, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

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	FOR 1 - STATE REGISTRAR	STATE OF !	MARYLAN			F HEALTH A		NTAL HYGIEN	E		*
	1. DECEDENT'S NAME (First, Middle, Last)			CENTIF	ICATE	F DEATE		REG. NO.		3	THE OF BEATH
	Ralph G. L	ohmann						MONTH DA	Y	5/2/1	0 - 14
	4. SOCIAL SECURITY NUMBER	5. SEX		s. leat birthday)	-	F UNDER 1 YEAR F UNDER 24 HRS.		DATE OF BIRTH	1	8. BIRTHPLA Country)	ICE (State of Foreign
	03-30-17	1 🔀 M 2 🗆 F 05 75 YAS.			MONTHS DA	MONTHS DAYS HOURS MIN. (Month, Day, Year) 3-30-17					land
_	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	VN OR LOCATION	OF DEATN		9c. COUN	NTY OF DEAT	н
0	Carroll County General Hospital					stminste	er		Ca	rroll	County
DIRECTOR	10e. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN OR LO	CATION				100	d. INSIDE CITY
띰	Maryland Carro	oll Coun	tv		Elde	rsburg				1[	LIMITS? YES 2 XNO
AL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	ZEN OF WHAT	T COUNTRY?
FUNERAL	6284 Pinyon P.					2178				J.S.A.	
필	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S	S. ARMED	13. WAS	DECENDENT OF	NISPANIC O Mexicen, Pu	RIGIN? (Specify Yea	or No-	14. RACE — . Black, W	American Indian, hita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES	5	1 🗆	YES 2X NO	Specify:			Specify:	White
ED	15. DECEDENT'S EDU- (Specify only highest grade		16:	a. DECEDENT'S	USUAL OCCUP	PATION		16b. KIND OF BUS	INESS/IND		
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	e retired.)	most of working					
COMPLETED		3		Engi	neer					on Spe	ctrum, In
	17. FATHER'S NAME (First, Middle, Last)	C . T l					,	First, Middle, Maiden			
B	Eberhard  19a. INFORMANT'S NAME (Type/Print)	G. Lonma	UIU .	19b MAILING	ADDRESS (Str			ia Orbac		Code	
2								·		ŕ	84
	20a. METHOD OF DISPOSITION	Pinyon Pine Ct. Eldersburg, MD 21784  FDISPOSITION (Name of OATE 20c. LOCATION — City or Town, State									
	t Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	- cemeter	spring:	her place) Field (	Cemeter	y 12	/4 Sy	kesvi	ille,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. NAM	E AND ADDRESS	OF FACILIT	γ			
	Brean	1. Ag	46	1				L HOME (			,
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approx								Approximate		
	IMMEDIATE CAUSE (Final	1 411	ise on each	1 1	0	11.		/ X.			Onset and Death
	disease or condition resulting in death)	. U Me	105C	Lecoles	Cal	dida	ecal	00-DIS	see.	Q	/
_		DUE TO	(OR AS A CO	NSEQUENCE OF	F):						
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	O (OR AS A CONSEQUENCE OF):								
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.									
E	that initieted events	DUE TO	(OR AS A CO	NSEQUENCE OF	უ:						
ER	resulting in death) LAST	d									
L C	PART II. Other significant condition	s contributing to	deeth but i	not resulting	n ths under	ying cause giv	en in Pari	i. 24e. WAS AN			RE AUTOPSY FINDINGS
2								PERFOR		COI	MPLETION OF CAUSE
MEDICAL							_		A.		DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	B. PLACE OF DEA	TH (Check o	nly one)			
IYS	1 YES 2 NO	1 - Inpetient 2		,	4 🗆 Nursing	Home 5 - Rasio					
PHY.	Natural 5 Pending	28a. OATE OF (Month, E	lay, Year)	28b. TIM INJ	URY	INJURY AT WORK?  YES 2		I. DEŞCRIBE HOW II	JURY OCC	URED	
BY	2   Accident Investigation 3   Suicide   28s. PLACE OF INJURY — At home, farm, s							LOCATION (Street a	nd Number	or Rural Route	Number.
COMPLETED	4 Homicide 6 Could not be determined	building,	atc. (Specify)					City or Town, Stete)			
2	29a. CERTIFIER CENTURYING PHYSI	CIAN: To the best of	) y juonilado	e, death occurre	d at the time,	date and pleca, a	nd due to th	ne cause(s) end man	ner as state	ed.	
MO								, deta and place, and			d manner as stated.
ui.	296. SIGNAPORE AND THE OF CERTIFIES	X/	1	1		29c LICENS	SE NUMBER		esd. CATE	E SIGNED (Mo	inth, Pay Year)
TO B	MOLOCEUS	Peace	NA	40		10:	590	05	> 2	-Vac	42
-	30. NAME AND ADDRESS OF PERSON WH					ا مالا	-mina	ton MD	2115	7	
	Richard A. Jone	y, M.U.	200	Memor.	iai AV	e. west	LIIIINS	ter, MD	2110	17	

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

tella Monard 10 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 1 🗌 M 2 😿 F 217-01-5658 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Manor Care - Rossville RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Mary land \_ \_ \_ \_ Baltimore 10a. STREET AND NUMBER FUNERAL funeral director, page 5 should be detached for use as the burial-transit 6101 Cardiff Ave. 21224 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 XNO 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—Il yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES NO Specify: 11. MARITAL STATUS 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced E 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLE ntary/Secondary (0-12) College (1-4 or 5+) NA NA Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) notified at Edward Connelly Caroline (Unknown) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Valerie A. Ewancio (Step-Dghtt) 7818 Eastdale Road, Baltimore, Md. 21224 9 20e. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must Parkwood Cemetery 4 Donation 6 Dother (Specify) Entombment examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert failure. List only one ceuse on each lina. IMMEDIATE CAUSE (Final artario sdewit c the disease or condition\_\_\_ aderment DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): restionsaile disesse. traumatic CERTIFICATION Sequentially list conditions, Sequentially list continuous, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART II. Other algnificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. MEDICAL signed by the shows any 1 TYES 2 T NO t. of h has be Dept. PHYSICIAN: 23 25. WAS CASE REPERRED TO MUDICAL 26. PLACE OF DEATH (Check only one) certificate h the State 4, or Item CYCHANGEN HOSPITAL: OTHER:
4 Nursing Name 5 Recidence 6 Other (Specify) 1 Inpatient 2 I ER/Outpatient 3 I DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 286. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this c marked, 1 Natural 5 Pending 1 YES 2 NO BY After 1 2 Accident THE HOSPITAL DR ATTENDIN
TO THE FUNERAL DIRECTOR: An filed within 72 hours after decomposities. If them 28 is r 26e. PLACE OF INJURY — At home, Jerm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 60 COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Man circo 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dy. Gracieto V. Patricio, 8903 Harford Road, Baltimore, Md.

12. RECIETRAR'S EVENATURES

CERTIFICATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 3. TIME OF DEATH YEAR 8 45 B. BIRTHPLACE (State or Foreign Country) Mary 9c. COUNTY OF DEATN 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U. S. A. 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY DATE 20c. LOCATION -- City or Town, State Baltimore, Maryland Interval Between Onset and Death 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

31. DATE FILED (Month, Day, Year)

DEC 0 4 1992

1 TYES 2 THO

29d. DATE SIGNED, (Month, Day, Year)

Service Contraction

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page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

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IN OR ALLENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 5 m	PINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	Are hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PANIE TCHELL SR YEAR 02-12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 12-15 9a. FACILITY NAME (If not institution, give street and n 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JOSE toSPITA owso DIRECTOR 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Perry Hall 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 27 Dallington Court 21128 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 📉 NO Specify: 1 Never Married 2 X Marri IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White WW COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A Salesman Brewing Company must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Michael A. Mitchell Antoinette Paroly BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 Lucy S. Mitchell (Wife) 27 Dallington Court, Perry Hall MD 21128 20s, METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Joseph's Cemetery Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Homes, Inc. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 9705 Belair Road, Baltimore, MD 21236 medical Enter the diseases, or complications that caused the centh. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 23. PART I. Enter the dies Approximate Interval Bety IMMEDIATE CAUSE (Final Onset and Death Item 28 is marked, or item 23 shows any injury, or other traumatic event, the disease or condition meumorea resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 W Inpatient 2 - ER/Outpatient 3 - DOA ne 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED TIME OF 1 Metural 5 Pending 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BE COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, path occurred at the lime, date and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination to the cause(s) and manner as stated D0623 2 mg 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		00742			
	1. DECEDENT'S NAME (First, Middle, Last)	Toare	ANNIE MA	E MOORE	2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH			
	0111100	SEX 6. AGE (In y	rs. (ast birthday) IF UM YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	7. DATE OF BIFTTH (Morth, Day, Year)	Coun	HPLACE (State or Foreign try)  YLAND			
10 R0	9a. FACILITY NAME (If not institution, give street Soseph Rech	en Hospi	15	Selfenne	md 2129	9c. COUNTY OF	DEATH			
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	NONE	10d. INSIDE CITY LIMITS?							
	10e. STREET AND NUMBER			LTIMORE  101. ZIP CODE		10g. CITIZEN OF	1 √ YES 2 □ NO WHAT COUNTRY?			
ER.	1219 N. Dallas	Street		21213		IINITOE	D STATES			
BY FUNERAL		. WAS DECEDENT EVER IN U. FORCES? 1 YES :	ON.	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 ☐ YES 2 ☐ NO Spec	an, Puerto Rican, atc.)		E — American Indian, ck, White, etc.			
ED E	SEPARATED I	ON Ja	e. DECEDENT'S USUAL	0000000000	I to the second	AFR	O AMERICAN			
COMPLETE	(Specify only highest grade com Elementary/Secondary (0-12)	pleted) oflege (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUS	INESS/INOUSTRY				
ME	7th grade not	ne l	housekee			IS SCOT	T KEY			
BE CC	WILBERT			ANNA		RE				
10	19a. INFORMANT'S NAME (Type/Print) BEVERLY MOORE			ess (Street end Number or Aura ope St. Bal		1, State, Zip Code)				
	20a, METHOD OF DISPOSITION 1.0 Burlel 2 Cremetion 3 Removal	from State	ACE AND DATE OF DISP		DATE 20c. LOC	CATION — City or T	own, State			
	4 Donation 5 Other (Specify)	Mt.		emetery 1		lto, Ma	rvland			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Scruzz	No.	CALVIN B.	acility SCRUGGS FI	UNERAL	HOME			
	23. PART I. Enter the diseases, or com	plications that caused th	e deeth. Do not en	1412 E. Pre	eston St.	Balto,	Md 21213			
	ahock, or heart fellure. List only one cause on each line.  iMMEDIATE CAUSE (Final disease or condition resulting in death)  s. (AIDS)									
	OUE TO (OR AS A CONSEQUENCE OF):									
TION	Sequentisity list conditions, if sny, isoding to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST									
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MEDICAL	PART II. Other aignificent conditions co	ontributing to death but	not resulting in the	underlying cause given in	Part i. 24a. WAS AN PERFOR	MED?	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
							1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATH (C	hack only one)					
Sic		OSPITAL: Inpatient 2 ER/Outpatie	oth		/ 1	INDIGE	-			
	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME OF	28c, INJURY AT	28d. OESCRIBE HOW IN	JURY OCCURED				
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO						
8	2 Accident Investigation 3 Suffice 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)									
2	190. CERTIFIER LE CERTIFYING PHYSICIAN	: To the best of my knowledge	e death occurred at th	e time, date end place, and du	a to the coursels) and man	and an eleted				
COMPLET	(Check only one) 2 MEDICAL EXAMINES: O	n the treets of examination as	dor investigation, in m	y opinion, death occured at th	e time, date and place, end	due to the cause(	e) end manner se atated.			
BE	296. MICHATURE AND TITLE OF CERTIFIES	(RA)	Elisa MD	29c. LICENSE NU DI94	IMBER 1	29d. DATE SIGNED	(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO CO	MOLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	Diana H	oriffiths	1900	Caton Ave.			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE TOP F	IUE IOIT	KIMOKE,	, 10	2122			
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	1. DECEDENT'S NAME (First, Middle, Las	0						ATE OF DEATH	,	YEAR 3.	TIME OF DEAT
	Pauline	Н.		rray			De	cember 1	. 19	92	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR		MIN. 7. D.	ATE OF BIRTH Month, Day, Year)	1	8. BIRTHPL. Country)	ACE (State or Fo
	245-26-1831	1   M 2X  F	.7	O YRS.	22.00	25.17(3)	Au	gust 5.	1922	N.	Caroli
Œ	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN	OR LOCATION	N OF DEATH		9c. COUN	TY OF DEAT	ГН		
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LLI	1 10a STATE 10b COUNTY									d. INSIDE CITY	
DIRI	Mounday 1 B 211										LIMITS?
AL	10e. STREET AND NUMBER	221010	210,9	11100		101. ZIP CODE		T	10g. CITIZ		T COUNTRY?
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5	11. MARITAL STATUS 12. WAS DECEDENT EVER II			ARMED	13. WAS DI	ECENDENT OF	HISPANIC OF	IIGIN? (Specify Year)		14. RACE	American India
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE	1 YES 2 NO If yes,			specify Cuban, ES 2 NO		orto Rican, etc.)		Black, W Specify:	Vhite, etc.
	36	1									White
ETED	15. DECEDENT'S EI (Specify only highest gra		16a.	(Give kind of we	SUAL OCCUPAT	TION most of working		16b. KIND OF BUSI	NESS/IND	USTRY	
J.E	Elementary/Secondary (0-12)	College (1-4 or 5	(1-4 or 5 +) Ille. Do NOT use retired.)								
COMPL	12 17. FATHER'S NAME (First, Middle, Last)			ssembl	er			General		etric	2
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BE	19a. INFORMANT'S NAME (Type/Print)	Unknown		10h MAN INC.	DODES CO.	Pear			neock		
2		_						Number, City or Town,			
	Robert Murray 9647 Oak Summit Avenue Baltimore, Maryland 2123										
	20s_METHOD OF DISPOSITION 1										
	H-SIGNOFFIEL OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY										
1	Bruzdzinski Funeral Home PA										
	22 PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FRED 903 MOORE Fred Moore, Jr. 7. DATE OF BIRTH
(Morth, Day, Year)
9-18-2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 242-58-6010 63 YRS. 1 M M 2 - F use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Stella Maris Hospice DIRECTOR Towson Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 509 KEVIN ROAD 21229 USA or attending physician. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.)
 \( \sum\_{YES} 2 \) (A NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВҰ 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Ď Elementary/Secondary (0-12) College (1-4 or 5 +) hospital in by the funeral director, page 5 should be detached removal. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the Fred Moore, 3 76 Frances BE notified retained 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 2 905 Kevin Road Baltimore, MD Katie Moore 21229 2 90 20a METHOD OF DISPOSITION

1 4 Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) Раде 6 тау 29b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Arbutus Memorial Park 12/7 Arbutus, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LIQUISEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME executed within 24 hours after death. 4600 LIBERTY HEIGHTS AVENUE medical 23. PART / Enter the diseases, or complications that obused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hear failure. List only one cause an each line. filled in by Approximate 6 IMMEDIATE CAUSE (Final **Onset and Death** signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, the disease or condition astric Cancer event, t DUE TO (OR AS A CONSEQUENCE OF) other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING L OR ATTENDING PHYSICIAN: The law requires that the death certificate be pRECTOR: After this certificate has been signed by the attending physician lowers after death with the State Dept. of Health and Mental Hygiene prior to them 28 is marked, or item 23 shows any Injury, or other traum CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO ne 5 - Residence 6 X Other (Specify) Hospice 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER
1 Chack only
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. HOSPITAL. UNERAL VITHIN 72 I = 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. within 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE A Celetand 10 acla D 27087 12-3-92 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204 July Mension Portuge DEC 04. 1992

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ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	If filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE

m. Pagulayan vy

31. DATE FILED (Month, Day, Year)

DEC 04 1992

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 33945 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH Clifton 10:36pm Melton 992 December 4. SOCIAL SECURITY NUMBER S. SEY 8. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8-19-43 8. BIRTHPLACE (State or Foreign Country) HOURS 1XXM 2 | F 49 YRS. 212-40-0226 Se. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1XXVES 2 HO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? 200 E. LAFAYETTE AVENUE 1st Floor 21202 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yea. specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IH U.S. ARMED FORCES? 1 TYPES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Hever Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 X NO Specify: BY Snecthe 3 🔯 Widowed 4 🗌 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIHD OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) DISABLED 17. FATHER'S HAME (First, Middle, Last, 16. MOTHER'S HAME (First, Middle, Meiden Surname) FORREST MELTON BESSIE PRYOR BE 19a. IHFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 2402 E. COLDSPRING LANE/BALTIMORE, MD 21214 LORRAINE HAMILTON 20b. PLACE AHD DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE GREENMOUNT CEMETERY BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart feilure. List only one ceuse on each line.

E CAUSE (Fine)

SEPTIC SHOCK intarvai Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CARDIORESPIRATORY ARREST SEPTIC SHOCK DUE TO (OR AS A CONSEQUENCE OF):
CHRONIC BACTERIAL ENDOCARDE PISCO (TO S CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 HO 1 YES 2 HO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 X Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2X NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1X Hatural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE HUMBER

n/a

c/o Maryland General Hospitial

32. REGISTRAR'S SIGNATURE his Davidson

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mary Ann Pagulayan-Sy, M.D.

29d. DATE SIGNED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE POSTAL OR ATTENDIANG PHYSICIAN. The line requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE CONTROL CHRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use their earth within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE	SIAIE UF	WARTLAND /	DEPAR	IMEN	T OF H	EALTH	AND I	MENTAL HY								
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CI	ERTIF	ICAT	E OF	DEAL	Н	2. DATE OF DE	G. NO.		3. TIME OF DEATH					
	John R.	UIRE					монтн 12	02	1992	11:55 A							
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les			R 1 YEAR	IF UNDER		7 DATE OF BIS	TH	8. BIRT	HPLACE (State or Foreign					
	214-30-9888	1 🗆 M 2 🗆 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	July12	,1935	Coun	aryland					
	Se. FACILITY NAME (If not institution, give st	treet and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE			DUNTY OF	DEATH					
5	Franklin Squar	Franklin Square Hospital Rossville BAL						BALTI	MORE								
DIMECTOR	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN	OR LOCATI	ION					10d. INSIDE CITY					
	Md.	Baltimore	9			Midd	dle E	Rive	r			LIMITS?					
FUNERAL	10s. STREET AND NUMBER 2243 Graythorn	n Road				101.	ZIP CODE		220	10g. C		WHAT COUNTRY? SA					
2	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AF	RMED	13.	WAS DECI If yes, spe 1 YES	city Cuber	n, Mexica	IIC ORIGIN? (Spe n, Puerto Rican,	ocify Yes or No-	- 14, RAC Blac Spe	E — American Indian, ck, Whits, etc.					
מ	15. DECEDENT'S EDUC (Specify only highest grade		18e. DE	ECEDENT'S	USUAL C	CCUPATIO	HN at of wardin		16b. KIND	OF BUSINESS/	INDUSTRY						
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ive kind of a Do NOT us			SC OF WORKIN	v									
JW.	12			Poli	ce D	ept.				Beth S							
	17. FATHER'S NAME (First, Middle, Last)  Clare Joseph M	Maguire S	Sr.				18. MOTH	Nan	ME (First, Middle, CY Rhi	Maiden Surname nd	)						
2	19a, INFORMANT'S NAME (Type/Print)			h MAILING	ADDRES	e (Street o	nd Mumber	ne Orani S	South Mumber Ch	Town Chair	70 0-4-1						
2	196. INFORMANT'S NAME (Type/Print)  Laura Maguire  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2243 Graythorn Road Baltimore Md. 21220																
Page 1 1989	20- METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE  LUNCL  complications the	Cometery, cre Holl	ml path. Do	222. C	onne.	D ADDRES	iner	alHome	300Mac		21221					
A STATE OF THE PARTY OF	shock, or heart taffure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	METAT DUE TO	ASTIC LI	UNG_C	ANCI	ER						Interval Betwee					
TOTAL INCIDENT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	D	OR AS A CONSE														
	PERFORMED?  1 YES 2 NO  NAILABLE PRIOR COMPLETION OF COMPL									b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
	25. WAS CASE REFERRED TO MEDICAL					26 B4	ACE OF DE	FATH MA	eck only one)								
	EXAMINER?  1   YES 2   XNO	HOSPITAL:	FR/Outpatient 3	I DOA	OTHE	R:				M . 1							
	27. MANNER OF DEATH	28e. DATE OF	(Month, Day, Year) INJURY WORK?							HOW INJURY C	OCCURED						
THI SICIAL	2 Accident 3 Suicide 4 Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office determined  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						has as Occasi										
ELED BI PRISICIAN: N	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C building,	F INJURY — At ho	ome, farm,	street, fac	tory, office	•		City or Town State)								

OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Delphia Marshall M.D. 9000 Franklin Sq. Dr. Balto., MD 21237

31. DATE FILED (Month, Day, Your)

JEC 0 4 1992

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR /	JIRE	OULS	E
MI	ALL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	H
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WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Types

	FOR	STATE OF MAI	RYLAND /	DEPARTME	NT OF I	IEALTH AND	MENTAL	HYGIEN	IE	92	339	47
	REGISTRAR		CE	RTIFICAT	E OF	DEATH		REG. NO	).			
1	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH	44		3. TIME OF DEA	TN
1 1	Melvin	Ray		Marti	n		Dec.		1992	YEAR	11:45	P. M
1 1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	t birthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE C			8. BIRTNI	PLACE (State or F	
	215 383354	52	MONTHS DAYS HOURS MIN.			(Month, Day, Year) Country			Country	yland	J. G. G.	
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. Ci	TY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF DE		
0 B		dolph Road			W	heaton			Mo	ntac	mery	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			10c. CITY, TOWN	OR LOCA	TION				T	10d. INSIDE CIT	٧
1 2	Maryland Mont	comery		,	Wheat	on				- 1	LIMITS?	MO
	10e. STREET AND NUMBER	LOCKICLY				. ZIP CODE			10a CITI	EN OF W	HAT COUNTRY?	
FUNERAL	2542 = 221				"				rog. Crita	LEN OF W	HAI COUNTRY?	
밀	2610 Randolph Ro					20902				S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EV	YES 2- N	MED 1	3. WAS DEC	ENDENT OF NISPA	NIC ORIGIN	(Specify Ye	s or No-	14. RACE	- American Indi White, atc.	en,
BY	1 Never Married 2 Married 3 Wildowed 4 Dibivorced	FORCES? 1   IF YES, GIVE WAR	OR DATES	·		2 NO Speci		cen, etc.)		Specifi	v:	
	3   Widowed 4   Drivotced										White	3
	15. DECEDENT'S EDUC (Specify only highest grade	CATION		CEDENT'S USUAL			16b.	KIND OF BU	SINESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	ve kind of work don Do NOT use retired	e aunng mo !.)	est or working						
립	11	conege (r-v or o v)		Labore	^			Const	moti	on		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Labor Cr						OH		
						18. MOTNER'S NA			Sumame)			
H	Roy Martin					Mill	lie Wi	lder				
2	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING ADDRE	SS (Street a	and Number or Rural	Route Numbe	or, City or Tow	m, State, Zip	Code)	2087	7.0
F	Mrs. Robin Crist			734 (T-	) Ou	ince-Orc	chard	Blvd	Gaith	ersh	ura. M	)
	20a. METHOD OF DISPOSITION			ND DATE OF DISP			DATE		CATION - C			
	1 № Burial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 6 ☐ Other (Specify)	oval from Stata	cemetery, crei	netory or other plac	e)	Cemetery	- 12/4	T .				
	21. SIGNATURE OF FUNERAL SERVICE LIC	FNOFF	LILDE.					11	sbon,	Mar	yland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195)											
	· Mian	2. Hac	10									
$\vdash$	23. PART I. Enter the diseeses, or c	omplications that on	load the da	ath Do not and	Syk	esville,		1784	(410)	- 795		
	shock, or heart fallurs. I	List only one cause	on each line.	atn. Do not ent	er the mo	de or dying, aud	on aa osrdi	sc or resp	iratory sm	est,	Approxim	
	IMMEDIATE CAUSE (Final	1				,					Onset and	
1 1	disease or condition resulting in death)	1/0/0	11/0	11 MC 01	-	meta	STUT	FC			2/20	100
1 1	THE TO ORD AS A CONFEQUENCE OF								11			
-	<u> </u>										10,5	out
ERTIFICATION	Sequentially list conditions,	DUE TO (OR	AS A CONSEC	UENCE OF:							<u> </u>	
F	If any, leading to immediate cause. Enter UNDERLYING										j	
2	CAUSE (Disesse or Injury											
1 = 1	that initiated events resulting in death) LAST	DOE 10 (OR	AS A CONSEC	UENCE OF):								
H	resulting in death) EAST	ı									1	
ᄀ	DARK II Oshan darillana anadisan										1	
4	PART II. Other aignificent conditions	contributing to dea	th but not re	saulting in the	underlyin	g csuse given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY F AWAILABLE PRIOR	
MEDICA								1 TYES 2			COMPLETION OF	
Ψ.											OF DEATH?	
											1   YES 2	NO
Z	25 475 0105 05500											
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEATH (C)	heck only one	)				
YS	1 YES 2 NO	1 Inpatient 2 ER	Outpatient 3			e 5 Mesidence	6 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH						28d. DESCRIBE NOW INJURY OCCURED					
	1 Netural 5 Pending	,,	M		YES 2 NO							
B	2 Deviced	28e. PLACE OF IN.	JURY — At hor	ne, farm, atreet, fa	ctory, offic		28f. LOCA	TION (Street	and Number	or Aural Ar	nista Alumbar	
8	4 Nomicide determined	building, atc.	(Specify)					Town, State)		or Thoras Th	ote Promoei,	
COMPLET												
14	29a. CERTIFIER 1 DERTIFYING PNYSIC	CIAN: To the best of my I	cnowledge, des	ith occurred at the	time, date	and place, and due	e to the caus	e(s) and me	nner as state	d.		
<b>₹</b>	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
1 11					records 10							
B	296. SIGNATURE AND TITLE OF CERTIFIER				_	29c. LICENSE NU	MBER		29d. DATE	SIGNED	Month, Day, Year)	
0	young 7	(ma				2346	82		- /	242	192	
	30 NAME AND ADDRESS OF PERSON WHI								_	_		

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lours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
burial,	y injury, or other traumatic event,
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•	1 - STATE STATE C			F DEATH		G. NO.	•				
	1. OECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DE	EATH			3. TIME OF DEATH		
ľ	Sharon L. Menger	S	3					92	0547 H		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 7/n yrs. In		IF UNDER 1 YEA	7. DATE OF BIRTH 8. I		8. BIRTH	PLACE (State or Foreign				
	236-76-8033 1□M2 № F 49	YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, 05-21	-43		West	Virginia		
	9e. FACILITY NAME (if not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE			9c. COL	INTY OF D			
DIRECTOR	Baltimore County General Hospit	al	R	andallstow	vn		Ba	altim	ore County		
E	10e. STATE 10b. COUNTY	10c. CIT	10c. CITY, TOWN OR LOCATION 10d. INS					10d. INSIDE CITY LIMITS?			
뜸	Maryland   Carroll County		Eldersburg				1 (				
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CIT	IZEN OF V	YHAT COUNTRY?		
FUNERAL	6709 Autumn View Drive	01450	1.0 1100	21784	#A AMANIA #A			J.S.A			
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	NO	If yes	DECENDENT OF HISPAN, specify Cuben, Mexice (ES 2 NO Specify	n, Puerto Rican,	ecity Yes ( atc.)	or No—	14. FIACE Black Speci	- American Indien, K, White, etc. Mhite		
	15. DECEDENT'S EDUCATION 18e. [ (Specify only highest grade completed)	DECEDENT'S	CEDENT'S USUAL OCCUPATION live kind of work done during most of working			OF BUSI	NESS/IN	DUSTRY	1		
<u>u</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	lle. Do NOT us	n. Do NOT use retired.)								
MP	6	Teach		Education							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA							
BE (	Joe H. Adams			Mary	/ Louis	e Co	ttr	111			
2	Control of the contro			et end Number or Rural i							
F	Mr. Frederick M. Mengers	6709	Autum	n View Dri	Lve Syk	esvi	lle,	, MD	21784		
	1 Burdel 2 M Commettee 2 Demount from State	niece)		cemetery, crematory or		20c. LOC	ATION -	- City or To	wn, State		
	4 Donation 5 Other (Specify) Car	roll		ion Serv.		Hampstead, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-	22. NAM HA	E AND ADDRESS OF FA	CAT, HOM	E (	P.O.	Box	195)		
	· Grian R. Haight			kesville,							
	23. PART I. Enter the diseases, or complications that caused the								Approximate		
	shock, or heart failure. List only one ceuse on asch lit IMMEDIATE CAUSE (Final	na.							Interval Between Onset and Death		
	disease or condition resulting in death)  s. Cardiomyopathy - Un Known type  Due to (or as a consequence of):										
z											
CERTIFICATION	Sequentially list conditions, If eny, leading to immediate	If eny, lasding to immediate									
S	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated events resulting in death) LAST	SEOUENCE O	f):								
ER	d										
	PART II. Other significant conditions contributing to death but no	t resulting	In the under	ying cause given in	Part I. 24s.	WAS AN		248	. WERE AUTOPSY FINDINGS		
2						PERFORMED?			AMILABLE PRIOR TO COMPLETION OF CAUSE		
입					_   '	J 120 2			OF DEATH?  1 YES 2 NO		
N					_						
M	25. WAS CASE REFERRED TO MEDICAL		2	8. PLACE OF DEATH (C)	heck only one)						
Sic	EXAMINER?  1 YES 2 NO  NO  NO  NO  HOSPITAL:  I   Inpatient 2   ER/Outpatient	OTHER:  □ ER/Outpatient 3 □ DOA 4 □ Nursing Home 8 □ Residence 6 □ Other (Specify)									
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey, Year)	28b. Til	ME OF 260 JURY	INJURY AT WORK?	26d. DESCRIE	BE HOW IN	JURY O	CCURED			
	1 Natural 5 Pending	100		YES 2 NO							
) BY	2 Accident Investigation 3 Suicide 8 Could not be building, stc. (Specify)	home, farm,	street, factory,	office	281. LOCATION	N (Street s	nd Numb	er or Rural	Route Number,		
Ī	4 Homicide determined				Only or 10	orn, Omnoy					
Ä	29e. CERTIFIER  Charles at Cartifying Physician: To the best of my knowledge,	death occur	red at the time.	date and place, and due	e to the causele	end men	ner ee s	tated.			
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/								s) and manner ee stated.		
ш	296. SIGNATURE AND TITLE OF CERTOFIER,  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  297. LICENSE NUMBER  298. DATE SIGNED (Month, Day, Year)										
TO B	12 - 110							12/3			
	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (I			1.5	2	/	11	1- 1	Nd 21117		
	JOYCE Gross MU 20			(s Dr (	Juuno	SVI	nul	5 /	Na 21117		
	31. DATE FILED MONTH, Doy, Year - 3275 COSTRADIS SIGNATURE A										
	DEC 01 1992 John Dender	Karan									

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	1, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE	92 33949 NE							
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH ANTHONY ORLANDO, SR 2. DATE OF DEATH MONTH  JOSEPH A ORLANDO SR  2. DATE OF DEATH MONTH  3.	0. 11-30-92 DAY YEAR 425 92 425							
DIRECTOR	219 32 1581 1 M 2 F 71 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 11/6/21	a. BIRTNPLACE (State or Foreign Country) Maryland							
	204 Franklin Avenue  RESIDENCE OF DECEDENT  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  Worcester Co								
		10d. INSIDE CITY LIMITS? 1  YES 2 NO							
FUNERAL	204 Franklin Avenue 21811	10g. CITIZEN OF WHAT COUNTRY? USA							
BY	3 Wildowed 4 Divorced  IF YES, GIVE WAR OR DATES  1 YES 2 NO Specify:	es or No-  14. RACE — American Indian, Black, White, stc.  Specify:  White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Cive kind of work done during most of working life. Do NOT use rating)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  The colors of Vice life in the colors of the colors	USINESS/INDUSTRY							
		1 Mills							
TO BE	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To								
	20s. METHOD OF DISPOSITION  1	OCATION — City or Town, State							
	Ronald Wade, Dir  12/3/92  22. NAME AND ADDRESS OF FACILITY State 655W.Baltimore St, Balto	,MD 21201							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respectively. IMMEDIATE CAUSE (Final disease or condition	Piratory arrest, Approximate Interval Between Onset and Desit							
7	disease or condition resulting in death)  a. Metastatic Small Cell Carcinoma Llung  Due to (or as a consequence of):	years							
ERTIFICATION	Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due to (or as a consequence of):								
CERTI									
MEDICAL	PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRIORING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO								
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO								
	III 129 NIIIUTIII 5 Proding	INJURY OCCUREO							
	2 Cutotet	and Number or Rural Route Number,							
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and me one)  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data and occurred at the time, data								
TO BE C	296. SIGNATURE (NO TITLE OF CERTIFIER 296. LICENSE NUMBER	29d. DATE SIONED (Month, Day, Year)  12/1/92							

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. AGGISTRATE SIGNATURE

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DIVISION

	TIEGIOTI VIII		O-IIIII	IONIE	OI DEATH	HEG. NC	,	
3	1. DECEDENT'S NAME (First, Middle, Last)	L.	Ponc	der		2. DATE OF DEATH MONTH	0/0	3. TIME OF DEATH
9	4. SOCIAL SECURITY NUMBER 220 - 20 - 3709	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morth Day, Vely)	7	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give a			96. CITY, T	OWN OR LOCATION OF I	DEATH	9c. COUNTY	OF DEATH
DINECTOR	804 E. 22nd St		10c. CI	TY, TOWN OR	timore,	Ina.		10d. INSIDE CITY
	Maryland		Bo	1/11	nore			1 PYES 2 NO
	804 E 22 nd	St.			2/2/8	>	10g. CITIZE	N OF WHAT COUNTRY?
1	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	H y	S DECENDENT OF HISPI es, specify Cuban, Mexic YES 2 NO Spec		s or No— 14	. RACE — American Indian, Black, White, etc. Specify;
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT		UPATION ing most of working	16b, KIND OF BU	SINESS/INDUS	BIGCIL
E COMPLET	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	4/le. Do NOT	ne retired.)	ce Affice	4-Balti	more	Cety
	17. FATHER'S NAME (First, Middle, Lest) George Ponder		-			AME (First, Middle, Meider	Surname)	ard
	194. INFORMANT'S NAME (Typo/Print)	n der e	19b. MAILIN	G ADDRESS (S	Street and Number or Rura	Poute Number, City or To	m, Stone, Zip Co	ide) may
1	20e, METHOD OF DISPOSITION 1		b. PLACE AND DATE					y or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		Baltimo		emetery ME AND ADDRESS OF F		ltimo	re, MD
4		NORTH AVE						
23. PART 1: Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition								
resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								/ ۲ 6
	Sequentially list conditions,	Huntin	A CONSEQUENCE	5	isease	•		22 yr
1	cause. Enter UNDERLYING CAUSE (Disease or Injury							
EDICAL CERTIFICATION	that initiated events resulting in death) LAST	d	A CONSEQUENCE (	,				
	PART II. Other significant condition	a contributing to deeth	but not resulting	In the unde	erlying cause given in	Part I. 24s. WAS AI PERFO	AUTOPSY RMED2	24b. WERE AUTOPSY FINON MAILABLE PRIOR TO COMPLETION OF CAUS
						1 TYES	2 NO	OF DEATH?
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)		
	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 Inputient 2 ER/Out			g Home 5 Residence			
	1 Netural 5 Pending 2 Accident Investigation	(Month), Day Your)	288. DATE OF INJURY (Month, Day, obar)  M  286. INJURY AT WORK?  1  YES 2 NO			28d. DEŞCRIBE HOW INJURY OCCURED		
1	3 Suicide 6 ACould not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,
	and the same of th	CIAN: To the best of my know						
	210. SIGNATURE AND TITLE OF CERTIFIES		on and/or investigati	on, in my opi	29c. LICENSE NI			Buse(a) and manner as stated
	30. NAME AND ADDRESS DEFERSON WH	COMPLETED CAUSE OF D	EATH (ITEM 27) (Two	e Print)	D4912	-8	12	11/92.
	Neal Ranen,	M.O	tahns	1 1	eins H	ospita		
	DEC 04 1992	Jan Day don- A	NATURE PROBLEM	0		U .		
_					-			DHMH-16 Re

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

	REGISTRAN		CE	ENTIF	ICALE	P DEATH	REG.	NO.		
- 10	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEAT	H DAY	3	. TIME OF DEATH
	JANE BRENIZE PRICE						11-28		YEAR	6:40A
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In				IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTI		a. BIRTHPL	ACE (State or Foreign
	220 12 2899	100000			MONTHS DAY		(Month, Day, Ye	N/)	Country)	
1 0	9a. FACILITY NAME (If not institution, give s	^	73				4/23/19			yland
OC.				İ	96. CIT, 10W	VN OR LOCATION OF D	EATH	9c. COUN	ITY OF DEAT	TH
5	6231 Laurelton Avenue Baltimore na								na	
EC	10a. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN OR LO	CATION			1-10	Od. INSIDE CITY
DIRECTOR	Maryland	na			altimo					LIMITS?
	10e, STREET AND NUMBER	<del></del>								YES 2 NO
RA	The state of the s				2	101. ZIP CODE		10g. CITIZ	EN OF WHA	AT COUNTRY?
ME	6231 Laurelton A					21214			USA	Α
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y			13. WAS I	DECENDENT OF HISPA , specify Cuban, Mexic	NIC ORIGIN? (Special Programme)	y Yes or No—	14. RACE -	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF		_		YES 2 NQ Speci		·	Specify:	
ED	Α	no								White
ETE	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	ive kind of v	VSUAL OCCUP	ATION most of working	16b. KIND O	BUSINESS/IND	JSTRY	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5 +)		:hool	Teach	er	1	Education	an.	
COMPL			School							
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Mi	iden Sumame)		
BE	Wornel Bailey	Brenize				Ida Ma	y Breniz	е		
0	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City o	Town, State, Zip	Code)	
-	Bena H. Mason			6231	Laure	lton Aven	ue			
- 3	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem				F OISPOSITION	(Name of	DATE 20	LOCATION —	Ity or Town	i, State
	4x Donation 5 Other (Specify)		cemetery, cre		ther place)					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE RONald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy B									based
	State Anatomy Box									Joana
4	22/PADY I Enter the Manager of completely the bound the day									
	shock, or heart fellure.	complications that cause or List only one cause or	sed the de n each line	ath. Do n	ot enter the	mode of dying, suc	ch as cardiac or i	espiratory arm	est,	Approximata Interval Between
- 1	IMMEDIATE CAUSE (Final	1								Onset and Death
	disease or condition resulting in death)	- Lung	COLK	cer	-					(0 m6.
		DUE TO JOR A	S A CONSEC	DUENCE OF	ŋ:					
Z	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	b								
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE OF):							
5	CAUSE (Disease or Injury	C								
E	that initiated events	DUE TO (OR A	S A CONSEC	CONSEQUENCE OF):						
E	resulting in death) LAST	d								
CE	PART II. Other significent condition	e contributing to death	h hud and a		a Maria de de de					
DICAL	TATE II. CONSTRUCTION	s contributing to death	n but not n	esulling i	n the underly	ying cause given in	Part I. 24a, WA	S AN AUTOPSY RFORMED?	AN	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă							1 🗆 YE	S 2 NO		OMPLETION OF CAUSE OF DEATH?
W									1	☐ YES 2 ☐ NO
ä									_	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	neck only one)			
Š	1 □ YES 2 □ NO	1 Inpatient 2 -ER/O	Outpetient 3	□ DOA	OTHER: 4 Nursing H	iome 5 🗆 Residence	6- Other (Specify	Hespil	e	
E	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea	RY	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE H	OW INJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Menny, Day, 10a	.,			YES 2 NO				
0	3 Suicide 8 Could not be	28e. PLACE OF INJU	JRY — At hor	me, farm, s	treet, factory, o	ffice	261. LOCATION (S	reet and Number	or Rural Roul	ite Number,
W	4 Homicide determined	building, etc. (S	эрвину)				City or Town,	state)		
COMPLET	296. CERTIFIER	CIAN. To the heat of my to			y la gara	201-1-76-0240	and a series of the series	Z 922		
₹ I		CIAN: To the best of my kn								
8		R: On the basis of examina	mon and/or i	IIVestigatio	n, in my opinio	n, death occured at the	time, date and plac	e, and due to the	cause(a) a	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	4.1.1.	ov			29c. LICENSE NU				fonth, Day, Ybar)
0	JUVIII (	ul	///	/		1346	27	<b>&gt;</b> /	2-1-9	12
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEN	W 27) (Type,	Print)			•		
	DR. JAMES CORKU	M _ Good	Sama	rita	n Hosp	Profession	onal Bldo	#203 R=	1 toMi	D 21239
	31. DATE FILED (Month, Day, Year)	32 BEGISTRAITS SI	GNATURE	ساليوار			10200			2 2 1232
	DEC 04 1992	1 may mark			- 3					

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	1. DECEDENT'S NAME (First, Middle, Last) Faky  2. DATE OF DEATH MONTH DAY YEAR  12. 01 92								YEAR	G:21 P				
	4. SOCIAL SECURITY NUM 220-74-703	4	5. SEX 1 M 2 F	8. AGE (In 90	yrs. last birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.	9/3	F BIRTH Day, Year)	2	B. BIRTHPL Country) MARYI	ACE (State or Foreign
CTOR	90. FACILITY NAME (# not a SINAI HOSP RESIDENCE OF DE	ITAL	street and number)				TIM	OR LOCATI	ON OF O	EATH		9c. COUN	TY OF DEA	тн
DIRE	10a. STATE MARYLAND	10b. COUNT	IMORE			TY, TOWN (		TION						0d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 19 WARREN						101	21.20				USA	EN OF WH	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Div		12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES	2 NO		f yes, sp	CENDENT Concept Cube	n, Mexica	NIC ORIGIN? in, Puerto Ric y:	(Specify Yes	or No-	14. RACE — Black, V Specify: WHIT	American Indian, White, etc.
APLETED	(Specify only righest grade completed)  (College (1-4 or 5 +)			(Give kind of life. Do NOT a	CEDENT'S USUAL OCCUPATION  ve kind of work done during most of working  Do NOT use retired.)  NICURIST				166. KINO OF BUSINESS/INDUSTRY  BEAUTY SALON					
BE COMPL	17. FATHER'S NAME (First, Middle, Last) HENRY DAVIS								ROSE	ME (First, Mi	ddle, Maiden	Sumame) UNKN	IOWN	
5	194. INFORMANT'S NAME ( ARTHUR DRAG		TY.							Route Numbe				
	20b. PLACE AND CATE OF DISPOSITION   Burlei 2   Cremetion 3   Removal from State   20b. PLACE AND CATE OF DISPOSITION (Name of cemetery, cremetory or other place)   0 ATE   20c. LOCATION - City or Town, S   Cemetery, cremetory or other place)   12/3/92   RAI, TIMORE, MD   22. NAME AND ADDRESS OF FACILITY   SOL LEVINSON & BROS., INC.   6010 REISTERTOWN RD.   BAI, TO. MD													
RTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events	tions, distelling	Pull Due to Se)	MONA (OR AS A CI ) S/S (OR AS A CI (UEST	he death. Do h line.  PRY CONSEQUENCE CO ONSEQUENCE CO ONSEQUENCE CO ONSEQUENCE CO	not enter  m be  or:  Hea	li's	de of dyl	ng, suci	h se cerdia	ic or reapi	ratory arre	MD.	Approximate Interval Batwee Onset and Deat
EDICAL CERT	PART II. Other signification	•	d	deeth but	not resulting	in the un	derlylng	g cause g	lven in	1	4a. WAS AN PERFOR	MED?	AV CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
SICIAN: ME	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:					ACE OF O	EATH (Che	eck only one)	_		11	YES 2 NO
BY PHYSI	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident	26b. TIR					Other (Specify)  28d. OESCRIBE HOW INJURY OCCURED							
ETED E	A [ ] A 144	Could not be determined	28a. PLACE Of building,	F INJURY — atc. (Specify)	At home, farm,	street, fact	ry, office			28f. LOCAT City or	ION (Street a Town, State)	nd Number o	r Rural Rout	e Number,
	29a. CERTIFIER (Check and one)  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as													
COMPL	MEDICAL EXAMINER: On the lesis of examination and/or					on, in my o	milon, di				dua to the	cause(a) ar	nd menner as stated.	
TO BE COMP	// / WED	OF CENTIFIE	Gni	P		Drint)		29c. LICE	NSE NUM	IBER				onth, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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92 33953 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DEWELL 1R YEAR 9,45A M CV 25 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 2,33-36-3537 1 | M 2 | F 0 00 2) WestVirginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMOR BAZTIMORE. Mercy Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BEL HARFORT 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? HICKORY RIDGE DRIVE SA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married IF YES. GIVE WAR OR DATES 1 TES 2 NO Specify: Specify: BY 3 🔀 Widowed 4 🗍 Divorced CON COSIAN COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 12th Accountant Social Security 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Cecil Whitten BE Gladys Perdue notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Sue Watkins 802 Hickory Ridge Drive Bel Air Md. 21015 9 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE nust Holly Hill Cemetery 12/4/92 4 Donation 5 Other (Specify) Baltimore Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MaceAve. boul onn medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory screet, shock, or heaft jeliure. List only one cause on such line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel 9 disesse or condition 0000 (and-roca) resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) HV980750870N traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 T NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 npatient 2 ER/Outpatient 3 DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED marked, 1 🗵 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be determined III item 28 is BE COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Mu m MD 12/02/32 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



31. DATE FILED (Month, Day, Year)

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2 107 MASSIMO

32. REGISTRAR'S SIGNATURE

C 0 4 1992

S. PAUL STREET - BALTIMORE - MERCY MEDICAL CENTRA

Julia Newidon Bondane

TO MELECATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STAT	E OF MARYL						
1. DECEDENT'S NAME (First,	Widdle, Last) Wilh	nelmina l	M. Rudell	l.				3. TIME OF DEATH
Minna			12-	2-92	5:10 A			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign Country)
			90 yrs.			Nov. 26		Maryland
1.11	_	·				ATH		Y OF DEATH
RESIDENCE OF DECI	luare Hosp	oital		Ва.	ltimore		Balt	imore
	10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Baltimo	re						1 TES 2 NO
	A	70		101			13.0	N OF WHAT COUNTRY?
			NILLE ADMED					U.S.A.
	terried FOR	CES? 1 TYES	2 XNO	If yes, sp	ecify Cuban, Mexical	n, Puerto Rican, etc.	y Yes or No— 14 .)	Black, White, etc.
3 Widowed 4 Divor	ed P 15	S, GIVE WAR OR E	MIES	1 LI YES	2 XNO Specify			Specify: White
15. DECE (Specify only	DENT'S EDUCATION highest grade completed	)	(Give kind of a	work done during mo.	ON st of working	16b. KIND OF	BUSINESS/INDUS	TRY
			Ille. Do NOT us	oo retired.)		D		
		A	5	ales				tore
			19b. MAILINO	ADDRESS (Street a				orde)
Clarence A.	Rudell (	Husband)						
20s. METHOD OF DISPOSITIO	N 3   Removal from	State 201	b. PLACE AND DATE	OF DISPOSITION (Na				
4 Donation 6 Other (	Specify)	Mc Mc	ost Holy	Redeemer	Cemeter	v12/5 E	altimor	e. Maryland
21. SIGNATURE OF FUNERAL	SERVICE LICENSEE	1 44 - 1	/1				T	
Kobert	MANG	wh	- A	9705	Belair R	oad Ral	timore	MD 21226
23. PART I. Enter the dis	and of an annual and				DCIGIE I	oud, Dai	crinore,	FID 21230
shock, or he	ert failure. List only	tions that cause one cause on a	d the death. Do r	not enter the mo	de of dying, such	as cardiac or n	espiratory arres	t, Approximata
shock, or he	ert failure. List only	one cause on e	d the death. Do r	not enter the mo	de of dying, such	as cardiac or n	espiratory arres	t, Approximate interval Betwee Onset and Dea
shock, or he	ert failure. List only	OSIS	eath line.	not enter the mo	de of dying, such	as cardiac or n	espiratory arres	t, Approximata interval Between
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	1. DECEDENT'S NAME (First, Mids)  4. SOCIAL SECURITY NUMBE 219-10-2761-  96. FACILITY NAME (II not ins) Franklin SC RESIDENCE OF DECI 10a. STATE Maryland  10b. STREET AND NUMBER 1 Natida CC  11. MARITAL STATUS 1 Never Married 2 XR 3 Widowed 4 Divort  15. DECE (Specify only) Elementary/Secondary (0-1) N/A  17. FATHER'S NAME (First, Mids) James Alber  10a. INFORMANT'S NAME (Typ. Clarence A 20a. METHOD OF DISPOSITION X Burley 2 Crementon X Donation 6 Other (2) 21. SIGNATURE OF FUNERAL	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last) Wilk with the property of	1. DECEDENT'S NAME (First, Middle, Last) Wilhelmina    Inna	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  Wilhelmina M. Rudel:  RUDELL  4. SOCIAL SECURITY NUMBER  219-10-2761-A  90 YRS.  90 Y	The composition   The compos	1. DECEDENT'S NAME (First, Middle, Last) Wilhelmina M. Rudell    Name	Decedent's NAME (First, Middle, Last)   Wilhelmina M. Rudell   RUDELL   12-4   SOCIAL SECURITY NUMBER   S. SEX   S. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS. TO DATE OF DEATH   12-4   S. SEX   S.	1. DECEDENT'S NAME (First, Middle, Last) Wilhelmina M. Rudell   NUDELL   2. DATE of DEATH MONTH   12-2-92

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5	DIRE	HOUR	tem
1	M	e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	WPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 33955 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH RICHARD RONALD 13/81 RONALD.L. RICHARD 12 45 AM IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 03/09/ 213-32-4223 1 M 2 F DAYS HOURS 55 YRS MARYLAND 9b. CITY. TOWN OR LOCATION OF OEATN 9c. COUNTY OF DEATH THE GOOD SAMPLETAN HO SPITAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10d. INSIDE CITY BATIMORE MD MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1512 PENTWOOD ROAD 21239 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WITH OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Ind.h., Black, White, atc. 1 Never Married 2 Merried
3 Widowed 4 Divorced BY Specify: BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12 ELECTRICAL 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) FRED RICHARD LEAUNTTE RICHARD BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CORDELIA RICHARD 1512 PENTWOOD RD, BALTIMORE, MARYLAND 21239 204 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Burial 2 Cremation 3 Removal from State GARRISON FOREST CEMETERY12/7/92 OWINGS MILL, MARYLAND nation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BEHVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL SER.P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 23. PART I. Enter the diseases, or complications that caused the decahock, or pean failure. List only one cause on each line. ases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate **IMMEDIATE CAUSE (Final** Onset and Death disease or condition RESPIRATORY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) ADVANGED METASTATIC LIVER CANCER CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL IMPOSLYCEMIA ENDSYAGE RENAL DISEASE 1 \_ YES 2 \_ NO OF DEATH? 1 TES 2 NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one **EXAMINER?** OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, farm, afreet, factory, offica building, etc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(e) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

MADICAL (NOTEN

29c. LICENSE NUMBER

30. NAME AND ADDRESS OF DERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

ACVIN SANCO, M.D., THE GOOD SAMPLITAN HOSPITAL

31. DATE FILED (Month, Day, Your)

DEC 0 4 1992

June Davidson—Randon

**DHMH-18 Rev 1/89** 

29d. DATE SIGNED (Month, Day, Year)

12/01/92

BALTIMORE, MARYLAND 21215-0020

amend item4 per co g883 9-30-08 vt STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE OF MARYLANG	D / DEPARTM	ENT OF H	EALTH AND M	IENTAL HYGIENE REG. NO.		00300
	1. DECEDENT'S NAME (First, Middle, Lest) Charles Rone				2. DATE OF DEATH MONTH 2/3/92	YEAR	3. TIME OF DEATH
	225-16-1933- 1×1×2 - 70		UNDER 1 YEAR	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Mari 11/9/22	8. BIRTHE Country	MD
TOR	1600 W. Mt. Royal Ave.			timore	TH 9c. (	COUNTY OF DE	ATH
DIRECTOR	10a. STATE 10b. COUNTY  M D		imore				10d. INSIDE CITY LIMITS? 1 XX YES 2 NO
FUNERAL	1600 W. MT. Royal Ave. Ap		9	2121	7	USA	HAT COUNTRY?
ВУ	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WIR OR DATES	□ NO	If yes, sp	ENDENT OF HISPANI ecify Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Yes or No. Puerto Rican, etc.)	14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  6 th qrade	Give kind of work	AL OCCUPATIO done during mo ired.)	ON st of working	16b. KIND OF BUSINESS	/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) David Rone			Mary H	L €(First, Middle, Meiden Surnerr olden	10)	
TO B	19a. INFORMANT'S NAME (Type/Print)  Janet Rone			nd Number or Rural Ro	Ave. Apt.		
	1 M Burial 2 Cremation 3 Removal from State cemetery.  4 Donetion 5 Other (Specify)		sposition (Na Fores	t Va Ce	m. Owing	- City or Tow	n, Stele
	· Onessa Cod		WM C	. MARCH	F.H./1101		ORTH AVE
	23. PART . Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONDITION OF TO CONDITIO	cell lu			aa cardlac or reapiratory	arreat,	Approximate Interval Between Onset and Deatt 11 mont
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEQUENCE OF):					
MEDICAL C	PART II. Other significent conditions contributing to death but no	ot resulting in th	a undarlying	cause given in P	Brt I. 24a. WAS AN AUTOP PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	Lor	26. PL	ACE OF DEATH (Chec	k only one)		YES 2 NO
BY PHYS	1 VES 2 NO 1 Inpetient 2 ER/Outpetient  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		Nursing Hom 28c. INJI WO	e 5 N Residence 8 URY AT RK? 'ES 2 NO	Other (Specify)  28d. DESCRIBE HOW INJURY	OCCURED	
LETED B	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined	t home, farm, street	, factory, office		281, LOCATION (Street and Num City or Town, State)	nber or Rural Ro	ute Number,
COMPLI	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge MECHCAL EXAMINER: On the basis of examination and						and manner se stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED  A DOLLA KULLUL  AND THE			DOG	70783 29d. 1	DATE SIGNED (	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (  AND BOOK  31. DATE FILER (MOVIE: ON: 1961)  32. PEGISTRAR'S SIGNATUR	lochR	ALKER	Bleed I	Baltimore	, Hd	21712
	DFC 04 1902 44 1.	20.00					



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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	shours after death. Page 6 may be retained by the hospital or attending physician.	TO RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE GRATENDING PHYSICIAN: The law requires that the death certificate be executed within a riours after death. Page 6 may be retained by the hospital or attending physician.	THECTOR: After this certificate has been signed by the attending physician and completely filled in by the further after death with the State Dent of Health and Mental Heritene prior to burlar cremation, or named	The state of the S

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	1 - STATE REGISTRAR	OINTE OF MINITE		ICATE OF		MENTAL HYGI	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	RARLESON	(~			2. DATE OF DEATH		3. TIME OF DEATH
	m . n		in yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	000	BIRTHPLACE (State or Foreign Country)
_	Sa. NACILITY NAME of not institution, give stra	- 1	0	9b. CITY, TOWN	OR LOCATION OF C	6-6	9c. COUNTY	OF DEATH
OT.	RESIDENCE OF DECEDENT	oplian		DA	time	e		
DIRECTOR	10a STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAL	JA M	Dre.		10d. INSIDE CITY LIMITS? VES 2 NO
FUNERAL	10e. STREET AND NUMBER	125		101	ZIP CODE	2	10g. CITIZEI	S. A
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISP/ ecity Cuben, Mexic 2 NO Spec	ANIC ORIGIN? (Specify ian, Puerto Rican, etc. ily:	Yes or No- 14	RACE — American Indian, Black, White, etc. Specify
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)			USUAL OCCUPATION work done during mose retired.)			BUSINESS/INDUS	
MPI	3rd grade		Pipef	itter			lehem	Steel
BE CO	17. FATHER'S NAME (First, Middle, Leet) Willis Richar	dson				y Johns		
10	1901. INFORMANT'S NAME (Typo/Print) Virginia S. Ri	chardson				Anoune Number, City or Balto		21217
	20a. METHOD OF DISPOSITION  1 Durial 2 Cremation 3 Remove the Donation 5 Other (Specify)	al from State	other place)	butus 1			Arbut	
	21. SIGNATURE OF PURERAL SERVICE LICE				ND ADDRESS OF		111	us, Md Wabash Cu
	7 MILE BELLER	- Totter		Thuch	N GUREL	Al HOM	e White	
	23/PART I. Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)			not anter the mo	ode of dying, su	ch as cardiac or re	apiratory arres	t, Approximate Interval Between Onset and Deat
-	resulting in death)	DUE TO (OR AS	CONSEQUENCE O	F):	_			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	CONSEQUENCE O	F):		72.1		
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS	CONSEQUENCE O	P):				
4	PART II. Other significent conditions  Con Control  Adult les	heart !	out not resulting	In the underlyIn	g cause given i	PEF	AN AUTOPSY FORMED? B 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		26. P	LACE OF DEATH (	Check only one)		
CIAN: N	EXAMINER?		petient 3 DOA			6 Other (Specify)		
YSICIAN: N	1 TES 2 DATO	1 Inputient 2 ER/Out				I 28d, DESCRIBE HO	W INJURY OCCU	JED .
BY PHYSICIAN: MEDICA		1 Inpatient 2 ER/Out		JURY W	JURY AT DRK? YES 2 NO			LLO
BY	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 € Inpatient 2 □ ER/Out	/ — At home, farm,	JURY W	YES 2 NO			Rural Route Number,
BY	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	28a. DATE OF INJURY (Month, Day, 'bar)  28a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, city)	Street, factory, officered at the time, date	PRK? YES 2 NO	29f. LOCATION (Str. City or Town, S	manner as stated.	Rural Route Number,
TO BE COMPLETED BY PHYSICIAN: N	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	28a. DATE OF INJURY (Month, Day, 'bar)  28a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, city)	Street, factory, officered at the time, date	PRK? YES 2 NO Pe and place, and dideath occured at ti	28f. LOCATION (Standard City or Rown, S City or Rown, S use to the cause(s) and ne time, date and place	manner as stated.	Rural Route Number,

31. DATE FILED (Month, Day, Year)
UEC 0 4 1992

32 REGISTRAR'S SIGNATURE

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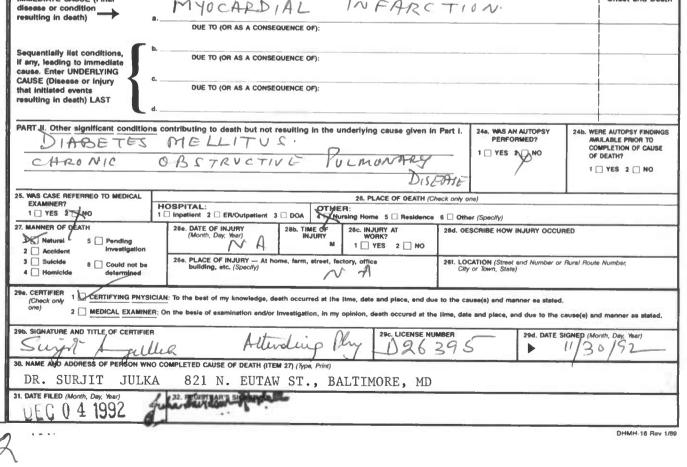
signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Health and Mental Hygiene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. notified at Pe must examiner medicei the executed within event, or other traumetic requires that the death certificate be DIRECTOR: After this certificate has been signed by the atte hours after death with the State Dept. of Health and Mental Hem 28 is merked, or item 23 shows any injury, ' The PHYSICIAN: OR ATTENDING DO The FUNERAL.

On the Funeral.

IMPORTANT: If item 28 is "COMPLETE"

92 33958 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MARY RILEY S. 1992 NOV 29. 1:15 P.M 4 SOCIAL SECTIBITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F YRS 217-34-6214 APRIL 15,1910 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CATON MANOR NURSING CTR.-MERIDIAN BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 100, CITIZEN OF WHAT COUNTRY! 3330 WILKENS AVENUE 21229 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Merried BY 3 😾 Widowed 4 🗌 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KING OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 9TH GRADE RESTAURANT OWNER RESTAURANT 17. FATHER'S NAME (First Middle Leet) 18. MOTNER'S NAME (First, Middle, Maiden Surname) JOSEPH SALVADORE NATALIE BAVARO BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 HIRAM PFARR 2176 LAKE DRIVE - PASADENA, MD. 21122 20a. METHOD OF DISPOSITION
1 [X]Burlal 2 [ Cremation 3 [ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) LOUDON PARK CEMETERY 12/3 BALTIMORE 21. SIGNATURE OF FUNERAL SERMOR LA 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC 4107 WILKENS AVE, BALTIMORE, MD Leur 21229 23. PART I. Enter the diseases, or Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death INFARCTION. disease or condition MYOCARDIAL resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DIABETES MELLITUS 1ULMONARY OBSTRUCTIVE CHRO NIC 1 YES 2 NO DISEONE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28b. TIME OF 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural L 5 Pending Investigation BY 1 YES 2 NO





COMPLETED

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STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG NO

1. DECEDENT'S NAME (First, Middle, La ROSE S	• ROSSE				2. DATE	e of DEATH	Q2 YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthdey)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	_	OF BIRTH	700	HRTNPLACE (State or Foreign
181-09-1844	1 🗆 M 2 💢 🗗	78 YRS.	MONTHS DAY	B HOURS MIN.	NOV.	. 20, 191	G C	TERVIEW, VA.
9e. FACILITY NAME (If not institution, gi	ve street and number)		9b. CITY, TOW	VN OR LOCATION OF I		20,171	9c. COUNTY C	
ST. AGNES HOSPI	TAI.		BA	LTIMORE				
RESIDENCE OF DECEDENT								
10e. STATE 10b. COL		10c. Cf	TY, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
	LTIMORE		CA	TONSVILLE				1 🗌 YES 2 🔯 NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
717 MAIDEN CHOI				21228				S.A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 X NO	If yes,	DECENDENT OF NISP, apecify Cuban, Mexic	ANIC ORIGI	N? (Specify Yee of Rican, etc.)	or No— 14. F	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	101	YES 2 NO Spec	elfy:			Specify: WHITE
15. DECEDENT'S E	EDUCATION	16a. DECEDENT	S USUAL OCCUP	ATION	16	b. KIND OF BUSI	NESS/INDI ISTS	
(Specify only highest gi	College (1-4 or 5 +)		work done during		1	a. raile of book		
Livinovial y 3000010ally (0-12)	2 YRS	DOME	STIC EN	GTNEER				
17. FATHER'S NAME (First, Middle, Last)		20114	DIIO DI	-	AME (First.	Middle, Maiden S	Sumame)	
FREDERICK KEMPE				INEZ M				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS /Stre	et end Number or Rura			State Zin Code	
CLAUDE D. ROSSE				ROAD - B			RYLAND	
20a. METHOD OF DISPOSITION	es d'un est de la	20b. PLACE AND DATE			OAT		ATION — City of	
1 Nuriel 2 Cremation 3 F 4 Donation 8 Other (Specify)	lemoval from State	FOREST LA					CHMOND	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	TOKEDI EA				KI	CIMOND	, VA.
			22. NAME	E AND ADDRESS OF F	ACILITY			
	7	( Mod !)	HUBB	ARD FUNER	AL HO			
23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cause	on each like.	HUBB. 4107	ARD FUNER WILKENS mode of dying, su	AL HO	JE-BALT	IMORE,	Onset and Des
IMMEDIATE CAUSE (Final disease or condition	a. Probable DUE TO (O)	auned the death. Do on each line.  R AS A CONSEQUENCE (	HUBB, 4107 not enter the	ARD FUNER WILKENS mode of dying, su	AL HOAVENU	JE-BALT	IMORE, atory arrest.	Approximate Interval Betwee Onset and Date
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DIVISION OF VITAL RECORDS, P.O. BOX 88/60,	PUT OR A ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hi	december of the state of the continues of the strenging physician and completely filled	Mental Hygiene prior the State Dept. of Health and Mental Hygiene prior to burial, cremation, c
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	FOR STATE REGISTRAR	STATE OF MARYL					EALTH AN		TAL HYGIEI			
2	1. DECEDENT'S NAME (First, Middle, Last) ROSE	RUBENS	STEIL	V				2. D	ATE OF DEATH	DAY	YEAR 72	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 091-07-0235	1 □ M 2 □XF 87		t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 H	IN. (A	ATE OF BIRTH fonth, Day, Year) 5/9/1905		8. BIRTHPLACE (State or Foreign Country)	
стоя	90. FACILITY NAME (If not institution, give street end number)  SINAI HOSPITAL  BALTIMORE  9c. COUNTY OF DEATH  BALTIMORE											
DIRE	MARYLAND BALTIMORE 10c. CITY, TOWN OR LOCATION BALTIMORE											10d. INSIDE CITY LIMITS? 1 YES 2 YNO
FUNERAL	100. STREET AND NUMBER 7920 SCOTTS L					101	ZIP CODE	208		USA	EN OF W	WHAT COUNTRY?
B⊀	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 1	10		f yes, spe	city Cuben, Me		IGIN? (Specify Ye rto Rican, etc.)	s or No—	Speci	E — American Indian, k, White, etc. fly:
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	CEDENT'S two kind of w Do NOT us OPRII	rork done ( e retired.)	CUPATIO	N It of working		166. KIND OF BU		STRY	
BE COMPL	17. FATNER'S NAME (First, Middle, Lest) LOUIS HALL						18. MOTHER'S		st, Middle, Meider BLUMENT			
TO B	190. INFORMANT'S NAME (Type/Print) DR. MORRIS ROSEMA	N	190	2419				rural Route A	umber, City or Tov	vn, Statu, Zip (		
	20e. METNOD OF DISPOSITION  1	noval from Stata cem	netary, crei	ND DATE O	F DISPOS her place)	ITION (Na	ne of L/30/9	2	ATE 20c. LC	CATION — C	lfy or To	
	TI. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  SOL LEVINSON & BROS., INC.											
RTIFICATION	shock, or heart failure. List only one cause on each line.  Approximate Interval Between											Interval Between Onset and Death
: MEDICAL CE	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i.								Part I, 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 HO			WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		5.00	OTHER	7.	CE OF DEATH					
	27. MANNER OF DEATH  1 Natural 5 Pending	1 M Inpatient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year)	attant 3	28b. TIME	OF	28c. INJU WOR	K?		ther (Specify) DESCRIBE NOW I	NJURY OCCU	RED	
ETED BY										and Number or	Rural Re	oute Number,
COMPLE	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED	CIAN: To the best of my knowle	edge, des	th occurre	at the th	ne, data a	nd place, and	dus to the	cause(e) and mar ate and place, en	nner se stated	i. cause(e)	and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  MBMR M	D				_	29c. LICENSE			29d. DATE S		(Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	T. BANEZ	TH (ITEM	27) (Type, i	Print)	SII	JAI L	105P	OF B			
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MARIA ATTURET

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Diener of		1, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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Indicate.	n the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	went,
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FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	ENT OF HEALTH AND	MENTAL HYGIEI REG. NO		
1. DECEDENT'S NAME (First, Middle, La	est)			2. DATE OF DEATN	DAY YE	3. TIME OF DEATH
	Joan H. So	chline		12 04		
4. SOCIAL SECURITY NUMBER 214 24 6716	5. SEX  1  M 2  F 6. AGE (in yrs. i	fast birthday) IF UI VRS. MONT	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/2/1929		BIRTHPLACE (State or Foreign Country)  Marvland
9a. FACILITY NAME (If not institution, gr	ive street and number)	9b. (	CITY, TOWH OR LOCATION OF D		9c. COUNTY	
North Arund	lel Hospital	G	len Burnie		Anne	Arunde1
10a. STATE 10b. COL		10c. CITY, TOY	м ов госатіон депа			10d. INSIDE CITY LIMITS? 1  YES 2 NO
			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
257 Asbury Ro	ad		21122		U.	S.A.
10. STREET AND NUMBER 257 ASDURY RO  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 2 IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF NISPA If yee, specify Cuben, Maxic: 1 YES 2 NO Specific	an, Puarto Rican, etc.)	na or No 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S		DECEDENT'S USUA		16b. KIND OF B	USINESS/INDUST	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give kind of work d life. Do NOT use retir Housewif		Home	Maker	
	Clarence Smith		And the second s	AME (First, Middle, Maide stine Win		
190. INFORMANT'S NAME (Type/Print) Louis Schline			RESS (Street and Number or Rural	Route Number, City or To		
20a. METHOD OF DISPOSITION 1   Burlal 2   Cremation 3	20b. PLAG	CE AND DATE OF I	DISPOSITION (Name her place)	DATE 20c. L	OCATION — City	or Town, Stata
4 Donation 5 Other (Specify)		o Crema	tory, Inc.	12/6 Ba	ltimore	e, Maryland
. Chick	and Do		George J. Gon 4001 Ritchie	ce Funera		
	or complications that caused the ire. List pnly one cause pn each if	ne. Ceub	ve Jasculan	A		i, Approximate interval Between Onset and Dec
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	SEOUENCE OF):				
	itions contributing to deeth but no	t resulting in th	e underlying cause given Ir		IN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 VES 2 NO
						4-13
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	T ==	26. PLACE OF DEATH (C	heck only one)		-0.6
1 TYES 2 TNO	1 Dinpetient 2 ER/Outpetient		HER: Nursing Home 5 - Residence	6 ☐ Other (Specify)		
	26a. DATE OF INJURY (Morith, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE NOV	/ INJURY OCCUP	ED
2 Suleide	28e. PLACE OF INJURY — Af building, atc. (Specify)	home, farm, atreet	, factory, office	261. LOCATION (Street City or Town, Sta		Rural Route Number,
CONTROL ONLY	HYSICIAN: To the best of my knowledge,					ause(s) and manner as stated.
296. SIGNATURE AND STILE OF CERT	TIFIER - Am		29c. LICENSE NO	IMBER	29d. DATE S	IGNED (Month, Day, Year) $2 - 44 - 92$
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print	66	ms	2106	5/
31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGNATURE	The second second	. 7		/	1
DEC 4 195	2 Julia Davidson-1	outores				27.

DHMH-15 Rev 1/89

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

		renda	Joyce		nanski			12	03 19		
	4. SOCIAL SECURITY NUM 214 50 0	718	1 □ M 2 汉F	6. AGE (In yrs. las	YRS. MONT		HOURS MIN.	7. OATE OF BIRTH (Month, Day, Yea 10/31/	(r)	8. BIRTHPLACE (State or Country) Maryland	
TOR	9a. FACILITY NAME (If not let arbor Marbor Marsidence of dec	medical				9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore  City  9c. COUNTY OF DEATH  ===================================					
DIRECTOR	10e. STATE  Maryland	10c. CITY, TOW Balt	imore			10d, IN					
FUNERAL		1509 Filbert Street 1st Flo				oor 21226			10g. CITIZEN C		
BY	11. MARITAL STATUS  1 Never Married 2 2  3 Widowed 4 Div		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TNO IF YES, QIVE WAR OR DATES			If yes, s		en, Puerto Ricen, etc	C ORIGIN? (Specify Yes or No— 14. R/Bit Specify Rican, etc.)		
PLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 of			(G life.	CEDENT'S USUA live kind of work do Do NOT use retire	one during m ed.)	ION lost of working	Whi  166. KINO OF BUSINESS/INDUSTRY  Home Maker			
COMPL	17. FATHER'S NAME (First, A		William	Chory			16. MOTHER'S N	AME (First, Middle, Me	alden Sumame)	F11.5%	
TO BE	190. INFORMANT'S NAME (		ski				and Number or Rural Street	Route Number, City of Baltin		aryland 21	
	20s. METHOD OF DISPOSIT  1 Regular 2 Cremati  4 Donation 5 Donation	lon 3 🗆 Rem	noval from Stata		AND DATE OF D					ore, Maryla	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  George J. Gonce Funeral Home P.A.  4001 Ritchie Hwy. Baltimore, Md. 21225										
	IMMEDIATE CAUSE (FI	inei	N . T	se on each line	n.		ode of dying, su			Pest, Approx Interval Onset s	
ICATION	IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condi if any, leading to imme- cause, Enter UNDERLY CAUSE (Disease or in)	itions, ediate VING	DUE TO	OR AS A CONSE	GUENCE OF):			ch se cardiac or r		Interval	
ERTIFICATION	disease or condition resulting in death)  Sequentisity list cond if any, leading to immocause. Enter UNDERLY	itions, ediate fing	DUE TO	OR AS A CONSE	GUENCE OF):					Interval	
MEDICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list condi if sny, leading to immocause. Enter UNDERLY CAUSE (Disease or injust) that initiated events	itiona, ediate ring dury	DUE TO (	OR AS A CONSE	GUENCE OF):  OUENCE OF):	E (	Co_ (	Part I. 24a. WA		Interval Onset	
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ETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition are sequentially list conditions are sequentially list conditions. Sequentially list conditions are sequentially list conditions are sequentially list conditions. Sequentially list conditions are sequentia	titiona, ediate ying fury stranger of the product o	B. DUE TO (  DUE	OR AS A CONSEION	GUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Tresulting in the state of the	B undariyin  26. If  MER: Nursing Ho  28c. If  M 1	ng cause given le	Part I. 24a. We pe 1 ye wheek only one)  8 Other (Specify 28d. DESCRIBE H 28f. LOCATION (S City or Town, as to the cause(a) are	S AN AUTOPSY REFORMED  OW INJURY OC  Treet and Number  State)	Interval Onset s 2  24b. WERE AUTOPS AWAILABLE PRICOMPLETION OF DEATH? 1 YES 2  CURED  To or Rural Route Number,	
ED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition are sequentially list conditions are sequentially list conditions. Sequentially list conditions are sequentially list conditions are sequentially list conditions. Sequentially list conditions are sequentia	Pending Investigation  Could not be determined  RTIFYING PHYS  RTIFYING PHYS  DICAL EXAMIN	B. DUE TO (  DUE	OR AS A CONSEION	GUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Tresulting in the state of the	B undariyin  26. If  MER: Nursing Ho  28c. If  M 1	ng cause given le	Part I. 24a. Where the per state of the cause(a) are the time, date and place.	S AN AUTOPSY RECORMED? ES 2 NO  Town INJURY OC  Treet and Number Strate)  d manner as state, and due to H	Interval Onset s  2  24b. WERE AUTOPS ANAILABLE PRI COMPLETION OF DEATH? 1 YES 2  CURED  Tor Rural Route Number,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1	1. DECEDENT'S NAME (First, Middle, Last)	-		FICALE	JF DEATH	REG. NO		3. TIME OF DEATH		
		Kathryn		LLIVAN			111 29	1992"	3:04 A M		
9		4. SOCIAL SECURITY NUMBER 213-01-5419	1 □ M 2XXF	73 YRS	MONTHS D	EAR IF UNDER 24 HRS. NYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Wear) FEB. 26, 1	Cou	ITHPLACE (State or Foreign intry) ARYLAND		
3 should	or I	96. FACILITY NAME (If not institution, give s	,		9b. CITY, TOWN OR LOCATION OF DEAT			ATH 9c. COUNTY OF DEATH			
1, 2, 3	BY FUNERAL DIRECTOR	FRANKLIN SQUARE	HUSPITAL			BALTIMORE		Baltimo	re County		
Pages		MARYLAND BA	LTIMORE	10c, (	BALT	CATION IMORE			10d. INSIDE CITY LIMITS? 1 YES 2XXNO		
020 physician. burlal-transit permit.		3818 E. JOPPA RO	AD			101. ZIP CODE 21236		10g. CITIZEN OF	A.		
5-0 offing s the		11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 100	If ye	DECENDENT OF NISPA a, specify Cuban, Mexic YES 2 X NO Speci	B4	CE — American Indian, ack, White, etc.			
	ETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	"S USUAL OCCU	PATION or most of working	16b. KIND OF BU	SINESS/INDUSTRY			
oital or	)LE	Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A		25	g most of working	OTT				
AND 2 the hospital detached to	COMPL	17. FATHER'S NAME (First, Middle, Last)	N/A	HOM	EMAKER OWN HOME  18. MOTHER'S NAME (First, Middle, Malden Surname)						
RYL, sed by the ded at o	ш	HENRY V. WEINI	NGER			BETH LOUIS					
MA retain 5 sho notifi	TO B	19a. INFORMANT'S NAME (Type/Print) WILLIAM EDWARD S	(HUSBAND) ULLIVAN, SR				ALTIMORE.		36		
TORE, I e 6 may be ector, page 8		20a, METHOD OF DISPOSITION 1   Burisi 2   Cremation 3   Rem 4   Donation 5   Other (Specify)	oval from State	20b. PLACE AND DATE DEDISPOSITION (Name of DATE 20c. LOCATION — City or Town State							
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE U		4	SC SC	HE AND ADDRESS OF FA		S, INC.			
760, ed within 24 hours af completely filled in by al, cremation, or rem event, the medic	NO	23. PART I. Enter the diseases, or shock, or heart sellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	esth line.	o not enter the	mode of dying, suc	th as cardisc or resp	iratory srrest,	Approximats Interval Between Onset and Death		
P.O. BOX th certificate be anding physician Hygiene prior to or other traur	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	A CONSEQUENCE	OF):	M, Lug			457		
CORE ires that the signed by tealth and we amy fr	MEDICAL	PART II. Other significent condition	e contributing to deati	but not resultin	g in the unde	fying ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
L R law re law re bee bept. o 23 st											
F VITAL SICIAN: The law certificate has b the State Dept. d, or item 23	Sic	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/O		OTHER:	6. PLACE OF DEATH (C)					
OF V PHYSICIA this certif with the	BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJUR (Month, Day, Year	Y 28b. 1	IME OF 28	Home 5 Residence : INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
2 # R E	8	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJU building, atc. (S	PRY — At home, farm (pecify)	n, street, factory,	office	26f. LOCATION (Street City or Town, State)		al Route Number,		
AT: If Hen	COMPLET	anal distance	CIAN: To the best of my kn						e(s) and manner as stated.		
TO THE H TO THE PU De filed w IMPORTANT:	BE	390. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NU	MBER 7 3 1	29d. DATE SIGN	ED (Month, Day, Year)		
	5	Dr. Ann Morrill,				re, MD 212	36	10~	1.77		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S ST								

	STATE REGISTRAR     DECEDENT'S NAME (First, Middle, Last)	C	ERTIFICA	TE OF	DEATH AND	2. DATE O	REG. NO.		3. 1	IME OF DEATH	
	Alfred Elliott Sh	narp, Jr.				Nov.	30	199		1:50	1
1	4. SOCIAL SECURITY NUMBER 212-18-0974  5. SEX 1 X M 2 F  6. AGE (in yrs. lest birthday) 1 YRS.  6. AGE (in yrs. lest birthday) 1 YRS.  83 YRS.  1 F UNDER 1 YEAR IF UNDER 24 HRS. 1 F UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 DAY'S MONTHS DAY'S HOURS MIN.  April								Year) Country!		
OR	9a. FACILITY NAME (If not institution, give street at 1341 Glencoe Road		9b. C	Glenc	OR LOCATION OF D	EATH		Balt:			
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		10c, CITY, TOW	N OR LOCAT	TION					JNSIDE CITY	
	Maryland Balti		1enco	e				1 [	LIMITS?	0	
FUNERAL	1341 Glencoe Road	l, Box 615		1000	21152			10g. CITIZEI	EN OF WHAT COUNTRY?		
BY FUN		MAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 T F YES, GIVE WAR OR DATES WW 11	EDENT EVER IN U.S. ARMED  1 TYPES 2 NO  12 WAS DECEMDENT OF HISPAN  If yee, specify Cuban, Mexican  IVE WAT OR DATES  1 YES 2 Y NO Specify					or No 14	Black, Wh Specify:	umerican Indian ite, etc.	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade comp.)	N 16a. D. (G	ECEDENT'S USUAL Give kind of work do b. Do NOT use retire	ne during mos	ON est of working	16b. I	CIND OF BUS	INESS/INDUS		WIIICE	_
COMPLE	Elementary/Secondary (0-12) Col	1ege (t-4 or 5+)	Broker	,			Malt	Liquo	r		
-	17. FATHER'S NAME (First, Middle, Last)  Alfred Elliott Shar	n. Sr.			16. MOTHER'S NA				rick		
) BE	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING ADDR	ESS (Street a	and Number or Rural						-
5	Mary Bull Sharp	1341 Glenc									
	20s. METHOD OF DISPOSITION  1 String Burlel 2 Cremetton 3 Removel f  4 Donation 5 Other (Specify)	rom State 20b. PLACE cemetery, cr	ANDDATE OF DISE remetory or other plants	POSITION (Na ce) SCOPA	12/4 1 Ch. Ce	meter	20c. LOC	encoe.	y or Town, s	vland	
	1 Grant   2   Cremation 3   Removal from State   Cametery, crematory or other place   T2/4     Donation 5   Other (Specify)   Timmanuel Episcopal Ch. Cemetery Glencoe, Manual Service Ucensee   Cametery, crematory or other place   T2/4     Cametery, crematory or other place   T2/4     Cametery, crematory or other place   T2/4     Cametery, crematory or other place   T2/4     Cametery, crematory or other place   T2/4     Cametery Glencoe, Manual Cametery Glencoe, Man										
NOI	Sequentially list conditions, 6.	DENOCARON  DUE TO (OR AS A CONSE  PULMONARY	CINOMA OF UNKNOWN PRIMARY CONSEQUENCE OF):  LY METASTASES							Approximatinterval Betonset and South	W
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algnificant conditions con	ntributing to death but not	resulting in the	underlying	g cause given in	1 Part I. 24a. WAS AN AUTOPSY PERFORMED?				NE AUTOPSY FIN ILABLE PRIOR TO IPLETION OF CA DEATH? YES 2 (1) NO	USE
IAN	25. WAS CASE REFERENCE TO MEDICAL			28. PL	ACE OF DEATH (C)	neck only one					_
PHYSICIAN	1 YES 2 NO 1	SPITAL: Inpatient 2 - ER/Outpatient	3 DOA 4 D	IER: Nursing Hom	e 5 Residence	a 🗆 Other	(Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		PURY AT DRK? YES 2 NO	28d. DE\$C	RIBE HOW IP	JURY OCCU	RED		
D BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street,	factory, office	•		TION (Street a Town, State)	nd Number or	Rural Route	Number,	
品	29a. CERTIFIER CERTIFYING BUYGICIAN			end place, and due				euse(a) and	l manner as sta	led	
ETE	anal	the basis of examination and/or	for investigation, in my opinion, death occured at the						E SIGNED (Month, Day, Year)		
BE COMPLETE	anal	the basis of examination and/or			D293	73		≥ 12	3 9	Z	
COMPLETE	one) 2 MEDICAL EXAMINER: On	APLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)	. Bal	D293	73	201	≥ 12	3 9	2	

permit. Pages 1, 2, 3 should

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certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	signed by the attending physician and completing filed in by the funeral director, page 5 should be detached for use as the bus	
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law requires that the death cen	8	튛
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E	JUR: After this certificate has been signed	is after death with the State Dept. of Health and Me
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF DEATH 8 Arthur 12 Vernon Sautter 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (An. 19), Day, Year) 06/03/17 5. SEX IF UNDER 24 HRS. 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR B. BIRTHPLACE (State or Fordige 1 X M 2 | F DAYS 214-01-2284 75 Md 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE Stella M. DIRECTOR DICE owson 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md. Parkville 1 - YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 1919 Clearwood Road 21234 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 NO BY Specify Specify: 3 Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Coflege (1-4 or 5+) 12 firefighter city fire Dept 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Charles Sautter BE <u>Fannie</u> Albert 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ronald A. Sautter 1441 Corbett Rd.: Monkton. Md. 21111 2 20s METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE Oaklawn Cemetery 12/5 Balto., Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home 8521 Loch Raven Blvd.: Balto Md 21286 medical 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** ä CA COLON disease or condition \_\_\_\_\_ resulting in death) VETA STATIC gvant. DUE TO (OR AS A CONSEQUENCE OF) injury, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FOIDINGS MAILABLE PROOF TO shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 HO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one Mel HOSPITAL ent 3 DOA 4 Number t TYES 2 TNO Inpetient 2 [] ER/Outpetje ing Home .5 - Residence .6 - Other (Specify) marked, or TT. MANNER OF DEATH 38s. DATE OF INJURY 28c. INJURY AT WORKY 28d. DESCRIBE HOW INJURY OCCURED TIME OF INJURY 1 Netural 2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY 3 Suicide Af home, farm, street, factory, office Ħ 28. LOCATION (Street and Number or Fluret Route Number City or Stein, State) COMPLETED 6 Could not be Item 28 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my kind ed at the time, date and place, and due to the couns(s) and manner as stated. MEDITANE II II 2 MEDICAL EXAMINER: On the besis of e the time, date and place, and due to the causals) and

Dulaney Valley Rd.; Towson, Md. 21204

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29b. SIGNATURE AND TITLE OF CENTIFIER

Eddie Nakhula

DEC 04 1992

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /				ALTH AND I		HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  IRENE A.	SMITH					2. DATE OF MONTH			YEAR 1992	9:06 a.m. M		
	4. SOCIAL SECURITY NUMBER 5	8. AGE (In yrs. let	st birthday) YRS.	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF				PLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give stree	•		9b. CITY.	TOWN OR	LOCATION OF DE		.4/192		NTY OF DE			
OR	THE JOHNS HOPKINS	HOSPITAL				ORE CIT		_			RE CITY		
ECT.	RESIDENCE OF DECEDENT  10s. STATE  10s. COUNTY		Inc. CIT						ואמ	TIME	10d. INSIDE CITY LIMITS?		
DIRI		sex	ex Greenwood										
AL	104. STREET AND NUMBER		10f. ZIP CODE						1 YES 2 X NO				
YER.	R.D. 2, Box 166	19950						U.S	5.A.				
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	H	yes, speci	IDENT OF HISPAN Ify Cuben, Mexica NO Specify	in, Puerto Ric		or No-	Black	- American Indian, , White, etc.		
LED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION 16a. DE	ECEDENT'S Silve kind of a	USUAL OCI	CUPATION uring most	of working	16b. K	IND OF BUSI	NESS/INC	DUSTRY			
E I		College (1-4 or 5+)	HODE					)wn Ho	v.20				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		. TIOL: 12(I	laxer		18. MOTHER'S NA							
BE C	Isaac Adams					Amie	Webl	)	orname)				
TO B	190. INFORMANT'S NAME (Type/Print) Howard F. Smith	19	R.D.	ADDRESS	(Street and	Number or Rural I 166 - G:	Route Number	City or Town,	State, Zir	19950	)		
	20a. METHOD OF DISPOSITION	20b. PLACE Compley, Ca	AND DATE	OF DISPOSIT	TION /Name	e of	DATE	20c. LOC	ATION —	City or Ton	wn, State		
	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERIOL SPRINGE LICEN	ser \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4/92			STOWN C		Grea	enwoo	od, L	Delaware		
	Haward . No	arbula		H	arde	sty Fune	eral I				St.		
	23. PART i. Enter the diseases, or con	nplications that caused the de									Approximate		
	IMMEDIATE CAUSE (Fine)	it only one cease on each line	o.								Interval Between Onset and Death		
	disease or condition resulting in death)	PNCWMOTHIA  DUE TO JOR AS A CONSE									Z days		
		hepatic Cim	NSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF	): ]:							many year		
CA	CAUSE (Disease or injury				<u></u>								
HTF.	that initiated eventa resulting in death) LAST	DUE TO JOR AS A CONSE	QUENCE OF	F):									
CE	d												
CAL	PART II. Other algorificant conditions of renal failure		reaulting i	in the und	derlying o	ceuse given in	Part i. 2	PERFORM		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
EDI	huperkalemi						— l¹	☐ YES 2	NO		OF DEATH?		
Ξ.	7,97507 1200101110	~			_		-				1 □ YES 2) 5 NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DEATH (Ch	eck only one)						
YSI	1 TES 2 NO	OSPITAL: Inpatient 2 - ER/Outpatient 3	□ DOA	OTHER:		5 - Residence	8 🗆 Other (S	Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF 2	28c. INJUR WORK	(?	28d. DEŞCI	RIBE HOW IN	JURY OC	CURED			
ВУ	2 Accident Investigation	28s. PLACE OF INJURY — AI ho	ome, farm, r			S 2 NO	28f LOCAT	ON (Street an	d Numba	or Burni B	Inche Mumber		
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Specify)					City or	Town, State)	a reamber	or riores ri	out turns,		
PLE	20s. CERTIFIER 1 CERTIFYING PHYSICIA	IN: To the best of my knowledge, de	eath occum	d at the ilm	ne, dats sr	nd place, and due	to the cause	(s) and mann	or as star	ted.			
OM	one) 2 MEDICAL EXAMINER:	On the basis of examination and/or	investigatio	n, in my op	olnion, deal	th occured at the	lime, dats ar	d place, and	due to th	ne cause(s)	and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CENTIFIER	h II			2	19c. LICENSE NUN	MBER		29d. DAT	E SIGNED	(Month, Day, Year)		
5	30. NAME AND GORESS OF PERSON WHO CO		M 27) (1700.	Print)	Bal	Howard	No f	) ) !	70	7	-		
	31. DATE FILEO (Month, Day, Year) DEC 0 4 1992  July 1992	32. HEGISTRAR'S SIGNATURE	one.	- V.		windre	IPLE		-0	/			
	DEG 04 1935	- ment action - Market	6					19					

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
	1. DECEDENT'S NAME (First, Middle, Last) MARTE	LOUISE	SNY			2. DATE OF D MONTH NOV.	DAY	vear 3. TIME OF DEATH P				
DIRECTOR	4. SOCIAL SECURITY NUMBER 220-76-9851  96. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	75 YRS. MOR	UNDER 1 YEAR ITHS DAYS CITY, TOWN O	HOURS MIN.	7. DATE OF BI (Month, Day 3/18/	1917 E	8. BIRTHPLACE (State or Foreign Country) Pennsylvania TY OF DEATH				
	2304 Birmingh		Jarretts			200.000	Harford					
	Maryland 10b. count	10c. CITY, TO	10c. CITY, TOWN OR LOCATION  Jarret				10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER 2304 Birm	+	10f. ZIP CODE			10g. CITIZ	U.S.A.					
TO BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	ARMED 13. WAS DECENDENT OF I				14. RACE — American Indian, Black, White, atc. Specify: Caucasian				
	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondery (0-12)	UCATION le completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOUSEWITE				O OF BUSINESS/INDU					
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle	B	HOME				
	John A	. Wright	;		Lea	h A	melia	Rockey				
	19e. INFORMANT'S NAME (Type/Print)					loute Number, C	ity or Town, State, Zip (	Code)				
	Beverly A. Br		PLACE OF DISPOSITION	e as			20c. LOCATION C	Nhu on Town State				
	1 Donation 5 Other (Specify)	noval from State	other place)	remat:				ead. Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Kurtz Funeral Home  Jarrettsville, Maryland											
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that object the deeth. Do not antar the mode of dying, such as cerdiec or respiratory arrest, abock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algnificant condition CORONAN REFRACE SSOPIFAEA	ASE	_ 10	WAS AN AUTOPSY PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Chock only one)											
YSI	EXAMINER?  1 YES 2 10 OTHER: 1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 6   Residence 6   Other (Specify)											
BE-COMPLETED BY PH	27. MANNER OF DEATH  1 Natural 8 Pending	28e. DATE OF INJURY (Month, Day, Year)		URY AT RK? (ES 2 NO	28d, DEŞCRIBE HOW INJURY OCCURED NO							
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner ee stated.  2 MEDICAL EXAMINER: On the best of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner ae stated.											
	296. SIGNATUJE AND DITE OFFICERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Maint), Pag. Hear)  1/29/92											
70	30. MANY AND ADDRESS OF PERSON WING CONSUSTED COLORS (ITEM 27) (Type, Strint) P.A. 2112 SELAM SOLOTOS 31047											
	DEC 04 1992	fulcion Roman	HIE.				•	/				

Items 28e, f, per MEO, G-694, 12/23/92 gn
FOR
1 - STATE
STATE
STATE
OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CERTIFICATE OF DEATH						REG. NO.						
8	1. DECEDENT'S NAME (First, Middle, Last)  James	Edward			Sheppard				2. DATE OF DEATH DAY 1992				3. TIME OF DEATH 4:24 A. M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest							7. DATE OF BIRTH		A BURTHPI ACE /Sh		IPLACE (State or Foreign		
	217-74-2860	1 M 2 🗆 F	29	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 10/27/1		963 Maryland				
_ 1	9a. FACILITY NAME (If not institution, give street and number)				96. CITY, TOWN OR LOCATION OF DEATH				ATH	Sc. COUNTY OF DEATH					
DIRECTOR	Fallston General Hospital				Falston						Harford				
E I	The same											10d. INSIDE CITY			
	Maryland Harford			Joppa							LIMITS?				
₹	10s. STREET AND NUMBER			101. ZIP CODE			E	10g. CITIZ			ZEN OF WHAT COUNTRY?				
FUNERAL	1082 Plaza Circle			2			108	085			U.S.A.				
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN FORCES?  1 YES			U.S. ARMED 13.			13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuban, Mexican, Pue			ORIGIN? (Specify Yes or No- 14			— American Indian, c, White, etc.		
B	1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES								Specify:						
COMPLETED	15. DECEDENT'S EDUCATION 16a.				DECEDENT'S USUAL OCCUPATION					KIND OF BUS	SINESS/IND	USTRY	MILLOG		
	(Specify only highest grade Elementary/Secondary (0-12)	(G Hfu	(Give kind of work done during mos life. Do NOT use retired.)			nost of working									
립	12		Carpentar					Construction				tion			
8	17. FATHER'S NAME (First, Middle, Last)		Oat perioat			18. MOTHER'S NAME (First.						01011			
	Rube John Shepr										Marie Alexander				
H	19a. INFORMANT'S NAME (Type/Print)		Sheppard 19b. MAILING ADDRESS												
2	Donna May Shep	hand							. Al				21220		
- 1	20a. METHOD QC DISPOSITION	and the second of the second o						Apo	_				e, Md.		
				matory or g	per place)	TION (Na	me of		DATE		CATION —				
	4 Donation 5 Other (Specify)			77 (				00.05.54	Del Filtre	nam	pste	ad,	Maryland		
	· m Hadd KA				22. NAME AND ADDRESS OF FACILITY Kurtz Funeral Home Jarrettsville, Maryland										
	23. PART I. Enter the diseases or c		t called the de	eth Dor	ot antes i	U ELI	do ed du	USV.	ттте	, Ma	ryla	na	1. A		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition														
	resulting in death)	n. Conic	LOT GUM	Short	Wor	une	10/1	nec	kan	d hu	sol				
z	resulting in death)  a. Contact gunshot wound of neck and head  DUE TO (OR ASA CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
SE	CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):														
E	resulting in death) LAST														
¥	PART II. Other significant condition	a contributing to	death but not r	esulting	in the unc	derlying	cause (	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS		
EDICAL										1 X YES 2 NO			COMPLETION OF CAUSE OF DEATH?		
ME											1 X YES 2 NO				
									_				,		
× I	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
PHYSICIAN:	EXAMINER? 1 AYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		s DVRe	sidence	6 □ Other	(Specify)					
<b>E</b>	27. MANNER OF DEATH	E OF	Nursing Home 5 Residence 6 Ot 28c. INJURY AT 28d. D				DESCRIBE HOW INJURY OCCURED								
	1 Netural 5 Pending 2 Accident Investigation 3 M Suicide 20. PLACE OF INJURY — At home, farm				URY M		RK? (ES 2	NO	Sel	flicted Gunshot					
E E					UVA										
COMPLETED	City or Town State										C-12-200				
12	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.														
\$	one)  2   MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.														
	296. SIGNATURE AND TITLE OF CERTIFIER														
8	Donald & Wright				29c. LICENSE NUM							(Month, Day, Year)			
ဝ					O.C.M.				и. г.	E. ► 11/30/1992					
	DONALD G. WRIGHT 111 Penn Street, Baltimore, Maryland 21201														
	DEC 0 4: 1992	32. VEGISTRA	R'S SHATUFE	4											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Dist. S.

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	ATE GISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG.	NO.			
- 8	1. DECEDENT'S NAME (First, Middle, Last)	Mary Fl	orence	SMTTL	1	2. DATE OF DEATH MONTH DEC. 3		EAR 3. T	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE		7 DATE OF BIOTH		BIRTHPLAC	8:20P	
	213 86 4191	1 🗆 M 2 🗆 📉	60 YRS.	MONTHS DAY		02/12/19	32 M	country)	and	
œ	9a. FACILITY NAME (If not institution, give to Franklin Square		nten		VI OR LOCATION OF D		9c. COUNTY			
СТОВ	RESIDENCE OF DECEDENT						Balt	imor	re	
DIRE	Maryland Balt	imore	Esse:	Y, TOWN OR LO	OCATION			1000	LIMITS? LIMITS? YES 2 N	
VERAL	940 Kinwat Ave				10f. ZIP CODE 21221		10g. CITIZEI	USA		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes	DECENDENT OF HISPA I, specify Cuban, Mexico YES 2 NO Specif	on, Puerto Rican, etc.	Yes or No- 14	Black, Wh	American Indian lite, etc. White	
윤	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUP	PATION g most of working	16b, KIND OF	BUSINESS/INDUS	TRY		
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Houses	se retired.)			T			
COMPL	17. FATHER'S NAME (First, Middle, Last)		A GUSET	ATTA	18. MOTHER'S NA	ME (First, Middle, Mai	den Surname)			
ш	George Meinsche	ein				Mary A. 1	ckenna			
TO B	19a. INFORMANT'S NAME (Type/Print)	(11			eet and Number or Rural				- 17	
	Tony J. Smith Jr.	(Husband)	PLACE AND DATE		ve Baltim		and 212		7000	
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State ceg	netery, crematory or o	ther place)	Gardens	12/7/92 E	Baltimor	e Con	intar.	
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE		22. NAM	e and address of Fa	CHI ITY			210,7	
	10-13	200	$\wedge$		Eastern .			rvlar	nd 2122	
	IMMEDIATE CAUSE (Final disease for condition resulting in death)  Adult Respiratory Distress Syndrome  Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Carcinoma of the right side of tongue and Due to (or as a consequence of):  c. Pharyngeal Wall Due to (or as a consequence of):									
	CART II Oh I III- III A IIII	d						i		
EDICAL	PART II. Other algorificant condition	Pneumothor Radical Neo	cax	In the underl	ying cause given in	PER	AN AUTOPSY FORMED? 3 2 X NO	CON	RE AUTOPSY FIN RABLE PRIOR T IPLETION OF CA DEATH?	
M		Nadical Nec	JK			-		1 🗆	YES 2   N	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			20	B. PLACE OF DEATH (CA	eck only one)				
YSIC	1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	petient 3 🗆 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)				
ВУ РН	27. MANNER OF SEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY	INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCUP	ED		
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm,	street, factory, o	offica	281. LOCATION (Str City or Town, St		Rural Route	Number,	
COMPLETED		CIAN: To the best of my know						ause(s) and	l manner as str	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	R / / '			29c. LICENSE NU		29d. DATE S	IGNED (Mor	wh, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	ATH OTEN AD O	(Bright)	041	680	12/	3/9	1	
İ	Dr. Adolph	Wychulis,	M. D.	mnj	9000 5	ranki i	C			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			2000 F	'ranklir	Scuar			
	DFC 04 1992 44	he Devidon-Ron	della					21	237	

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24-16-20

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CE	RTIF	ICATE OF	DEAT	Н	VIL. 14 17 11	REG. NO				
- 8	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH		w	3. TIME OF DEATH	_
- 0	ELEANOR M			S	PENCER			12	<u>d.</u>	3	9 <sup>VEAR</sup>	6:02 PM	A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF			8. BIRTHP Country)	LACE (State or Foreign	-
	218-14-1119	1 M 2 X F	77	YRS.	MONTHS DAYS	HOURS	MINI.	05	10	15	MA	RYLAND	
	9e. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TOWN C	R LOCATIO	ON OF DE	ATH	_	9c. COU	NTY OF DE	ATH	_
DIRECTOR	NORTH ARUNDEL HO	SPITAL A	SSOCIATI	ON	GLEN	BURN	IE				A.A.	COUNTY	
5	10a. STATE 10b. COUNTY			40. 017	V 70401 00 1 004	1001							_
E				10c. CI1	Y, TOWN OR LOCAT							10d. INSIDE CITY LIMITS?	
	MARYLAND AN	NE ARUN	IDEL		GLEN	BUE						1  YES 2 X NO	_
RA		DATITO AT	_		101					10g. CITI		HAT COUNTRY?	
FUNERAL	113 GEORGIA AV	12 WAS DECEDEN	T EVER IN II S ADS	MED	13. WAS DEC	210		IIC ORIONA		I I	U.S		_
	1 Never Married 2 Married	FORCES? 1	YES 2 N	0	If yes, sp	ecity Cuber	n, Mexicar	n, Puerto Ric		s or No-	Black,	— American Indian, White, etc.	
BY	3 Widowed 4 Divorced	IF TES, GIVE W	MH ON DAIES		1   YES	2 X NO	Specify	r.			Specify WH	TE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPRISED	16a. DEC	CEDENT'S	USUAL OCCUPATION	N		16b. K	IND OF BU	SINESS/IND			-
91	Elementary/Secondary (0-12)	College (1-4 or 5 +		Do NOT u	work done during mo- se retired.)	St Of WORKIN	9						
M	12	0	W.	AIT	RESS				RES	TAUE	TNAS		
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Mic	idle, Maiden	Surname)			Ī
B	ERNEST W, WIN	TER						IDE		FER			
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street a							21060	
	BETTY A. HERC				GEORGIA		ENUE	_	7				
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	rval from State			OF DISPOSITION (Na				20c. LO				
	4 Donation 5 Other Specify)	ENGEE!	METR	0 61	REMATOT	Y , IN	VC.	12/4	CA	TONS	NTT1	LE, MD.	_
	7 /	TK	my	en					FIIN	ERAT	HO	ME 21061	
	· Lary	0101	U		426	CRAI	IN H	IWY.S	.W.G	LEN	BURI	MIE, MD.	
	23. PART I. Enter the diseases, of cashock, or heart failure. L	omplications the	t coused the dea	ath. Do	not enter the mo-	de of dyle	ng, suct	as cardia	c or respi	iratory arr	eat,	Approximate interval Between	
- 1	IMMEDIATE CAUSE (Final				200			_				Onset and Death	
	disease or condition resulting in death)	176	(051	a/	F):	M	91	eg a	ant	7			
		OUE TO	(OR AS A CONSEC										
CERTIFICATION	Sequentially list conditions,		(OR AS A CONSEO		40 an a	2							_
AT	if any, leading to immediate cause. Enter UNDERLYING	402 10	(OII AD A CONSEC	OENCE O	r ).								
FIC	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQ	UENCE O	F):								-
E	resulting in death) LAST											!	
S													-
DICAL	PART II. Other significant conditions	contributing to	deeth but not re	suiting	in the underlying	cause g	iven in i	Part i. 2	4a. WAS AN PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
ă								— II	YES 2	NO		COMPLETION OF CAUSE OF DEATH?	
M								_		1		1 YES 2 NO	
ä												N/A	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL	ACE OF DE	EATH (Che	ick only one)					4
IYS	1 YES NO		ER/Outpatient 3		4 - Nursing Hom		sidence :						
	Historial 5 Pending	28e. DATE OF (Month, D		28b. TIN	IURY WO	RK?	1	28d. DEŞCI	RIBE HOW I	NJURY OCC	CUREO		
BY	2 Accident Investigation 3 Suicide Could and be	28e, PLACE O	F INJURY — At hor	ne form	M 1 7		NO	201 1 0047	ION (Day of		0 ( 0 -		4
8	4 Homicide 8 Could not be determined	building,	etc. (Specify)	,,	milest, includy, office		- 1	City or	ION (Street I Town, State)	III I WITHOUT	or Hurai Ho	ure number,	
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC				an escriptions				100 A 100 A				4
MP	(Check only											ar area area	
8	one) 2 MEDICAL EXAMINER		REPRESENTATION STREET	rvestigatic	m, in my opinion, a	eth occur	ed at the l	Ilme, dete ar	nd place, an	d due to th	e cause(a)	and manner as stated.	
BE	290. SIGNATURE AND TITLE OF CERTIFIER	8	,-		200	29c. LICE						Month, Day, Year)	
<u>P</u>	30. NAME AND ADDRESS OF PERSON WHO	100	2024	-	MD.	D-	279	38		1	2/04	1/92.	
						CIEN	BIID	NTE	MADVI	AND	21061		
- 1	MAYER GORBATY, 1			KUA	υ, #2U3/	GLEN	שטע	NIE,	LIMKII	JAND	21001		J
1	31. DATE FILED (Month, Day, Year)	32. REGISTRA	D'C CIGNATION										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

permits rages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	D ATTENDING
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	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, MI				CERT				TH	REG. I	10.	YEAR	3. TIME OF DEATH
	HARRY MAGNUS  4. SOCIAL SECURITY NUMBER		S. SEX		(In yrs. last birthde			1		11-30-1			11:45A - M
	220-14-6689		1 M 2 F	67		MONTHS	DAYS	HOUNS	R 24 HRS, MW.	7. DATE OF BIRTH (Month, Day, Year 4-24-19		Country)	LACE (State or Foreign
NG.	90. FACILITY NAME (II not institu Francis Sco.)			l Ce	enter		v, rown		TON OF DEAT			TY OF DEA	
DIRECTOR	RESIDENCE OF DECEI	DENT			100	TY, TOWN	OBLOCA	TION				100	IOd. INSIDE CITY
	Maryland	Balt	imore			unda						1	LIMITS?
ERAL	1908 Larkha	ll Roc	ad					1 2 2 2	Œ		Unit	ed St	at country? tates
BY FUN	11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce	d	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES OR D	N U.S. ARMED 2 NO NATES WWII	13	If yes, sp	pecify Cubi		ORIGIN? (Specify Puerto Rican, etc.)			- American Indian, White, etc.
ETED	15. DECEDI (Specify only his Elementary/Secondary (0-12		ompleted)		16a. DECEDEN (Give kind life. Do NO	'S USUAL of work done	during me		ing	16b, KIND OF	BUSINESS/IND	USTRY	
COMPLI	11 years	<u></u>	College (1-4 or 5	+)	Machin	e Op	erati	0r		Green	spring	Dair	Ly
BE CO	17. FATHER'S NAME (First, Middle Havry Magnus	s Stai	rsbury,	Sr.				В	ertha	E (First, Middle, Mai Mae Bro	oks		
2	Mrs. Lillia	n I. :	Stansbur	.y	19b. MAIL	Lar	ss smal	end Numbe ROC	ad Bal	ute Number, City or timore,	Naryl	and 2	21222
	20b. PLACE AND DATE OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place)  20c. LOCATION — City or Town, State  20c.									n, State Vryland			
	21. SIGNATURE OF FUNERAL S	(2)	buss	none that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximately						e, Inc.			
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a b.	DUE TO	(DR AS A	CM T	CC:	1 40 ≈no	TICA	AD ,	M 1 ~	PARC DISEAS	TION	Interval Between Onset and Death  I DAY.  YEARS  YEARS
MEDICAL C	PART II. Other significant	conditions	contributing to	deeth b	out not resultin	g in the u	nderiyin	g cause	given in Pr	PER	AN AUTOPSY FORMED?	a d	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO M EXAMINER?  1 MYES 2 ND		HOSPITAL:	ER/Out	patient 3 🗆 DO/	OTHE 4   No	R:		DEATH (Check	k only one)			
Y PHY	27. MANNER OF OEATH  1 Netural 5 Per	nding estigation	28a. DATE OF (Month, D			IME OF NJURY M	28c. IN.	JURY AT DRK? YES 2	2	ed. DESCRIBE HO	W INJURY OCC	UREO	-
red BY	3 Suicide 8 Cou	uld not be ermined	28e. PLACE O building,	etc. (Spe	f — Al home, tari cify)	n, street, fa	ctory, offic	:0	2	ell. LOCATION (Sim City or Town, St	et and Number nte)	or Rural Roo	ite Number,
COMPLE			IAN: To the best of										and manner as stated.
8E	290. SIGNATURE AND TITLE OF		raw	9	-10	17			ENSE NUMB			0.001100011	ASTON DAY YEARS
2	36. NAME AND ADDRESS OF PE	The	COMPLETED CAU	SE OF DE		pe, Print) ACLO	7 J	7	~	BAL	7-1	M 1	2/27
	31. DATE FILED (Month, Day, Year		C. REMISTRA	R'S SIG		,				13 10	10		

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accuted within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ind completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should burial, cremation, or removal.
he death certificate be execu	the attending physician and Mental Hygiene prior to bur
.N: The law requires that t	ficate has been signed by State Dept. of Health and
R ATTENDING PHYSICIAN	IRECTOR: After this certifications after death with the St
HE HOSPITAL DI	THE FUNERAL DIRECTI Fled within 72 hours al

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.	
t, Middle, Last)	TRIBBLE	2. DATE OF MONTH	DEATH DAY	· ·

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIENE REG. NO.	:		
	1. DECEDENT'S NAME (First, Middle, Lest) BEATRICE		WD TDD:			2. DATE OF DEATH MONTH DAY		7.46	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	TRIBBI (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			
17	215-28-3862	1 □ M 2 XX F	1 YRS.	MONTHS DAYS	HOURS MIN.	(Mornth, Day, Year) 5 - 2 - 31		MD MD	
OR	9e. FACILITY NAME (If not institution, give a 1103 MYRTLE AVEN			96. CITY, TOWN C	MORE	EATH	9c. COUNTY OF	DEATH	
E	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	Y	10c, CIT	Y, TOWN OR LOCAT	ION			10d, INSIDE CITY	
DIRECTOR	MD		Ва	altimor	е			1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1103 Myrtle Av	е.		1000	1201		10g. CITIZEN O	F WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— lif yes, specify Cuben, Mexican, Puerto Rican, etc.)							
								Black	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATION work done during mode retired.)	IN st of working	16b. KINO OF BUSI	NESS/INDUSTRY	t	
AP	12th grade		Domest	ic					
00	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden S	iumame)		
8	Leon Robinson 19a. INFORMANT'S NAME (Type/Print)					Holmes			
2	Ronald Holmes		1263	ADDRESS (Street a	nd Number or Aurel	Route Number, City or Town,	, State, Zip Code <sup>1</sup>	00104	
	20a. METHOD OF DISPOSITION 1  W Burlal 2 □ Cremation 3 □ Rem	20	06. PLACE AND DATE				ATION — City or		
	1/W Burial 2 Cremation 3 Rem	oval from State	ing Me		Park		ndalls		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE COXC	7		ID ADDRESS OF FA				
	23. PART I. Enter the diseases, or o	complications that cause	ed the death. Do	not enter the mo	MARCH F.  de of dying, suc	H./1101 E.	NORTH A	AVENUE:	
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on	each line.			I see the second second	34112 (2004)	Interval Between Onset and Deati	
	disease or condition resulting in death)	· metar	tate po	increation	cano	er		4max	
		DUE TO (OR AS	A CONSEQUENCE O	F):					
NOIT	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS	A CONSEQUENCE O	<b>F</b> ):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO (DR AS	A CONSEQUENCE O	F):					
ERI	resulting in death) LAST	d							
뒿	PART II. Other significant condition	s contributing to death	but not resulting	in the underlying	j cause given in			24b. WERE AUTOPSY FINDINGS	
MEDIC	bowel	obstruct	1001			PERFORM		COMPLETION OF CAUSE OF DEATH?	
						_		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
22	EXAMINER?	HOSPITAL:	touties 2 DOA	OTHER:	ACE OF DEATH (C)				
Η	27, MANNER OF DEATH	28a. DATE OF INJURY	28b. TIN	IE OF 28c, INJ	URY AT	6 Other (Specify)  28d. DESCRIBE HOW IN.	JURY OCCURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		RK? /ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, sc/fy)	street, factory, office		261. LOCATION (Street an City or Town, State)	nd Number or Run	al Route Number,	
COMPLETED		ICIAN: To the best of my kno							
	29b. SIGNATURE AND TITLE OF CERTIFIER		- Interesting	JI, III IIIY OPINION, O				MARK OF PARTIES	
TO BE	Barbara	a Cont	est 1.	10	29c. LICENSE NU	794	MATE SIGN	1ED (Morth, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHI	D COMPLETED CAUSE OF D	CATH (ITEM 27) (Type	CANCE	e Cm	22 S. Come	eine St	Busto	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		,, -= /			8	2/20/	
	DFC 04 1992 4w	ha Deviden Ban	1.00						

Section 1

ITEMS: 23 PART I,27 PER MEO G-694 12/16/92 reb

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTA	L HYGIEN			
			YCE	TAY	LOR	2. DATE	OF DEATH	2°4	\$2	3. TIME OF DEATH 3:38 A
	4. SOCIAL SECURITY NUMBER  219-52-4388  9a. FACILITY NAME (If not institution, give	1 1 M 2 X F 4	2 YRS. MC	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	1 1	OF BIRTH th, Day, Year)	50	N	.С.
CTOR	SINAI HOSPITA				ORE CI			9c. COUN	TY OF D	JEATH
DIREC	10a. STATE 10b. COUR	ту	5.0	TIMOR						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 4345 Park Ho	eights Aven	ue	101	21215			10g. CITIZ		WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR (	2 X NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 XiO Speci	an, Puerto	N7 (Specify Ye Rican, etc.)	e or No—	14. RACI Blac	E — American Indian, k, White, etc.
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in Unempl	done during mo itired.)	ON ist of working	168	. KIND OF BU	ISINESS/INDU		
COMPL	17. FATHER'S NAME (First, Middle, Last)  John Ear	l Taylor			Althi		Middle, Maider		5.1.1	
TO BE	19a. INFORMANT'S NAME (Type/Print) Donald Taylor		196. MAILING AD		nd Number or Rural	Route Num			Code)	
	20a. METHOD OF DISPOSITION  1 XBurlal 2 Cremation 3 Re	20	h PLACEAND DATE OF	ISPOSITION (No	Heights ume of	DAT	E 200 1/	CATION C	the as To	Plate
	4 Donation 5 Other (Specify)		Western	Star (	Cemeter CH FUNE	y 12,	/1 Ba	ltimo	ore	MD
	· Sola	Than	· h	MAR( 430(	CH FUNE D Wabas	RAL h A	HOME ve.,	Balto	).,	MD 21215
AL CERTIFICATION	23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CARDIAC ARRIDUE TO (OR AS	each line.	1						Approximate interval Betwee Onset and Deat
MEDICAL CE	PART II. Other significent condition	ons contributing to death i	but not resulting in t	he underlying	g cause given in	Part I.	24e. WAS AP PERFO 1 (YES	RMED?	246	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		26. PL	ACE OF DEATH (C)	neck only or	ne)			
HYSI	NOTES 2 □ NO 27. MANNER OF DEATH	1 Inpetient 2 X ER/Out 28a, DATE OF INJURY		☐ Nursing Hom	e 5 🗆 Residence		or (Specify)	INTEREST OCC	IDEN	
ВУ Р	1XXX Natural 5 Pending Investigation		INJUR	M 1 1	RK? /ES 2 NO					
ETED	3 Suicide 6 Could not b 4 Homicide determined	building, etc. (Spe	Y At home, farm, streetely)	rt, factory, office			ATION (Street or Town, State		r Rural I	loute Number,
릴		SICIAN: To the best of my know NER: On the basis of examination								a) and manner as stated.
TO BE COM	296/ SIGNATURE AND TITLE OF CHITTE	ALLA	M		O . C . N	MBER		29d. DATE	SIGNED	(Month, Day, Year) -1992
F	MAKIO F. GO		ATH (TEM 27) (Type, Pri		et, Bal	Ltim	ore,	Mary	lan	d 21201
	3" DEC 04 1992	Sult Delater 3	SHOOL STATES							

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MESION OF VITAL RECORDS, P.O. BOX 68760,	۲
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TO THE MISTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	10 THE FUNCE AND THE DISCOUNCEDED AS DEED SIGNED BY THE ATTENDING PROCIDING AND COMPINED THE TUNION DIRECTOR, page 5 should be detached for use be filled in the Case of the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: Priem 2s is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	500			26	. 33514
	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALT CERTIFICATE OF DEA	H AND MENT ATH	REG. NO.		
	JOHN P. TIMMONS	2. DA MO	TE OF DEATH DAY	2 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. lest birthdey)  1 N 2   F UNDER 1 YEAR IF UNDER 1 YEAR OF U	S MIN.	TE OF BIRTH orth, Day, Year)	8. Bil	RTHPLACE (State or Foreign untry)
	9a. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCA	ATION OF DEATH		9c. COUNTY O	F DEATH
CLO	RESIDENCE OF DECEDENT	>.			
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTO				10d. INSIDE CITY LIMITS? 1 A YES 2 NO
	10e. STREET AND NUMBER 10f. ZIP CO				F WHAT COUNTRY?
FUNERAL	3910 WADash Ave Apt-2B 2 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT	T OF HISPANIC ORI	GIN? (Specify Yes	U S	ACE — American Indian.
B	11. MARITAL STATUS  1  Never Merried 2  Married  3  Widowed 4  Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEMBENT If yes, specify Cuit 1 YES 2 No	iben, Mexican, Puer	to Ricen, etc.)	В	lack, White, etc.  Decity: BLACK
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  TRUCK DRIV	rking	16b. KIND OF BUSI	NESS/INDUSTR	Y
COMPLET		OTHER'S NAME (Firs	st, Middle, Maiden S	urname)	
E C		SEPHI		zddir	
2	MARJORIE PRIEST 59 Sheppler S	0 . ()	chester	State, Zip Gode)	14612
	20s_METHOD OF DISPOSITION  1		ATE 20c. LOC	ATION — City of	Town, State
	H. SIGNATURE OF THERAL SERVICE LICENSEE 22, NAME AND ADDR	HESS OF FACILITY		×170.	mu.
	Flyns D. Lott March F.	bash Aver	nue		
	23. PART Enter the diseases, or complications that coused the death. Do not enter the mode of described the shock, or heart fellura. List only one couse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	dying, such ss c	ardiac or respire	atory srrest,	Approximats Interval Between Onset and Daath
NO.	DUE TO (OR AS A CONSEQUENCE OF):  Congust W light failure  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	1 Ceral	failur	e	
HIFICALION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.  Due to (or as a consequence or):	yopatt	wy.		
	that initiated events resulting in death) LAST  d	V 1	V		
2 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause	a given in Part i.	24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL			1 🗆 YES 2	NO	OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL 25. DI ACE OF				
SICIAN	EXAMINER?  1 YES 2 NO 1 Nopetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 DI	Residence 6 C O			
	27. MANNER OF SEATH  26e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?	28d. C	DESCRIBE HOW IN.	JURY OCCURED	
IEU BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined 4 Homicide Could not be determined	267. Li	OCATION (Street en ity or Town, State)	d Number or Run	al Route Number,
MPLE	A APPENDING VA				
200	(Check only one)  2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred.				e(s) end manner es stated.
מ	296. SIGNATURE AND TITLE OF CENTIFIER CAJ BANJEPANY, SINM HOSPITM	ICENSE NUMBER		29d. DATE SIGN	EO (Month, Day, Year)
2	36. HABE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (TEM 27) (Type, Print)			- 12	M
	31. DATE FILED (MONTH, Day, Year) 1-32, REGISTRAN'S SIGNATURE	M, BM	LTIMOR	E, H	0-21215
	DEC 0 4 1992 Julia Delidor Hondas			(	- 1

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31. DATE FILED (Month, Day, Year)
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6 may	ctor, pag		er must be notif
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be exec	ian and	or to bu	er traumati
that the death certificate t	g physic	giene pri	ther tr
leath ce	attendin	mtal Hyg	ry, or 0
af the d	by the	and Me	ny Injui
quires th	n signed	f Health	OWS ar
e law re	has bee	Dept. o	1 23 sh
IAN: Th	rtificate	he State	or Item
PHYSIC	IRECTOR: After this certificate has been signed by the attending physician and completely fi	er death with the State Dept. of	1 28 Is marked, or Item 23 shows any Inju
ENDING	IR: After	er deatl	Is m
DR ATT	DIRECT	hours af	I Item 28
-	-4	-	-

								12 00110
	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM CERTIFIC			ENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	11 0	-10	* 4 .	- , ,	2. DATE OF DEATH DA	W	YEAR 3. TIME OF DEATH
	MART	HA K.	IR	ALLE	9	NOVEMB	u 28	1992 9: 36 PM
	220-07-8659	□ M 2 5 72	YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	,	b. BIRTHPLACE (State or Foreign Country) MARYLAND
_	9a. FACILITY NAME (If not institution, give street	•			A LOCATION OF DEAT			NTY OF DEATH
5	Western Maryland Cer	<u>nter, 1500 Pe</u>	enn.Ave	Hager	stown, Ma	ryland	WAS	SHINGTON
E C	10a. BTATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
DIRECTOR		HINGTON	HA	GERSTO				1 TES 2 NO
FUNERAL	100. STREET AND NUMBER  10808 DOWNSVILLE P	TKE. APT. 3		101	21740		0.0	S.A.
I S		. WAS DECEDENT EVER IN U.S			ENDENT OF HISPANIC	ORIGIN? (Specify Yes		14. RACE — American Indian,
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	X NO		city Cuban, Maxican, 2 NO Specify:	Puerto Ricen, etc.)		Specity: WHITE
COMPLETED	15, DECEDENT'S EDUCATI (Specify only highest grade con	ION 16a	Give kind of work	done during mo	ON at of working	16b. KIND OF BU	SINESS/IND	DUSTRY
PLE	Elementary/Secondary (0-12) C	College (1-4 or 5+)	SECRETA			ACME V	ISIBI	LE RECORDS
8	17. FATHER'S NAME (First, Middle, Last)		DHORDAI	1111	18, MOTHER'S NAM	E (First, Middle, Maiden	Surname)	
	WILLIAM BEALL				NAOMI	(UNKNOV	IN)	
B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural Ro	ute Number, City or Tow	n, State, Zip	Code)
유	BENJAMIN O. TRACEY	7	10808	DOWNSV	ILLE PIKE	E, APT. #3	-HAG	ERSTOWN, MD. 21740
	20a. METHOD OF DISPOSITION 1   X Burlai   2   Cremation   3   Removal	20b. PL	ACE OF DISPOSITE	ON (Name of cer	netery, cremetory or	20c. LO	CATION —	Cify or Town, State
	4 Donation 5 Other (Specify)		OWRIDGE		AL PARK		LKRID	GE
	Christople	H mel	_	HUBBA	RD FUNERA	AL HOME IN		RE, MD. 21229
	23. PART I. Enter the diseases, or com							rest, Approximsta
	ahock, or heart failure. List IMMEDIATE CAUSE (Final	t only one cause on each	illne.					Interval Batween Onset and Death
	disease or condition resulting in death) a	DUE TO (OR AS A CO	MON	/A				SINCEILAS
CERTIFICATION	Sequentially list conditions,	Cerebro DUE TO (OR AS A CO	vasce	ILAR	Acc	ident		4
CAT	cause, Enter UNDERLYING CAUSE (Disease or injury							
분	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):					
병	d							
A.	PART II. Other algnificant conditions of			tha undarlyin	g cause given in F	Part i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	CONGESTIVE !		LURE			1 YES :	DINO	OF DEATH?
	DIA betes A	1ELLitus	,			-		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Chec	ck only one)		
SIC		IOSPITAL: Inpatient 2 - ER/Outpatie		THER:	ne 5 🗆 Raaldenca 6	Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	A M	DRK?	28d. DESCRIBE HOW	INJURY OC	CURED
ВУ	2 Accident Investigation	28e. PLACE OF INJURY —	At home farm stre		YES 2 NO	28f LOCATION (Street	and Numbe	er or Rural Route Number,
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	Actionis, sain, see	et, motory, orm		City or Town, State		TO THE FOOL WITHOUT
COMPLET	One)	N: To the best of my knowledg						ated. the cause(s) and menner as stated.
E CO	296 OGNATURE AND TITUE OF CERTIFIER				29c, LICENSE NUM	BER	29d, DAT	TE SIGNED (Month, Day, Ybar)
TO BE	30. NAME AND ADDRESS OF PERSON WHO	in cula	m.	10.	19-120	,42	<b>&gt;</b> /	Nov 28, 1992 y Land 21742
-	^	LVANIA		HA	GERSI	CIUN CO	1LAR	4 Land 21742

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BALTIMORE, MARYLAND 21203-3146	er death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	l examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OF THE LINE PHYSICIAN. The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL INFORMS AND THIS CONTRICATE has been signed by the attending physician and completely filled in by the it be filed within 72 persons of the state Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	Hemitage B hanke	

						92	33976	
	1 - STATE OF MAI	RYLAND / DEPARTI CERTIFIC			REG. NO.	E		
Ì	1. DECEDENT'S NAME (First, Middle, Last)	3 Webster 2			DATE OF DEATH DEATH DEATH DEATH	92	3. TIME OF DEATH	
1	4. SOCIAL SÉCÜRITY NUMBER.  1		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Month, Day Year)		SHITHPLACE (State or Foreign Country)	
E 0	Bon Secours Hospital	1		or Location of DEAT	н	9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md.		TOWN OR LOC				10d. INSIDE CITY LIMITS?  t FYES 2 NO	
	100. STREET AND NUMBER 1118 Mosher Syreet	1	1	of. ZIP CODE 21217			OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS  1 # Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES ZE NO	If yea,	ECENDENT OF HISPANIC specify Cuban, Maxican, S 2 NO Specify:		or No.— 14.	RACE — American Indian, Black, Whita, atc. Specify: fr, American	
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during r	TION nost of working	16b. KIND OF BUS			
u I	17. FATHER'S NAME (First, Middle, Lest) Donald Wright			16. MOTHER'S NAME	(First, Middle, Meiden Shosk1			
10 B	19a. INFORMANT'S NAME (Type/Print) Delores Mims			ner St. Ba			1217	
	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Removal from State  4  Donation 6  Other (Specify)	20b. PLACE OF DISPOSIT officer place) Mt. Zior	1 1:	2/1/92	cation – chy nsdown	e, Md.		
	21. SIGNATURE OF BURNERAL SERVICE LICENSEE	,	22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217					
	23. PART I. Entar the diseases, or complications that control in the control in t	on each line.  Response	Any	District		a du	Interval Between Onset and Death	
CERTIFICATION	Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO FOR AS A CONSTITUTION OF THE CONTROL O							
MEDICAL	PART II. Other significant conditions contributing to the Conditions of the Conditions contributing to the Conditions of	eth but not resulting in	ens ens	Ing cause given in P	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	EXAMINER?  1 YES 2 HO  27. MANNED OF DEATH  28. DATE OF IN.	R/Outpatient 3 DOA 4	OTHER:	ome 5 - Realdence 6		WHIT COOL	50	
BY P	1 Natural 5 Periting (Month, Day,	Year) INJUI	M 1	WORK? YES 2 NO				
	3 Suicide Could not be building, atc	NJURY — At home, farm, str . (Specify)	reet, factory, of	flea	28f. LOCATION (Street City or Town, State,		Rural Route Number,	
OMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the bast of my one)  2 MEDICAL EXAMINER: On the basis of exam						ause(a) and manner as stated.	
O BE C	280. SIGNATURE AND TITLE OF CERTIFIER	W		29c. LICENSE NUME	711	29d. DATE SI	GED (Morith, Day, Year)	
	BEAM BEAM OF THE NEW WHO COMPLETED CAUSE	Hes 12	rint) W	) - Bw	Secon	Salpm	for pul 2122	
	DFC 04 1992 July July Ser	SIGNATURE	,		,			

13	1 - STATE REGISTRAR	TATE OF MA			ITMENT ICATE				MENTAL HYGIE REG. N			
ļ	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	Doris Catherine 4. SOCIAL SECURITY NUMBER   5.5	Warfi	eld 5. AGE (In yrs. lest i	h leth claud	IF UNDER	+ VEAR	IF UNDER	na umo	12-2-9	2	La DIDTI	2:05 A. M
	1.0	M 2 7 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 9 14	22	Countr	
	216-16-1275  9e. FACILITY NAME (If not institution, give street e		70		ah CITY	TOWN O	R LOCATIO	ON OF DE	7 11		UNITY OF O	
œ											ltim	
DIRECTOR	2906 E. Northern	1 Park	way		Ва	171	more	3		] Ба	TETH	ore
Ä	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
₫	Maryland Baltim		Ва	alti	mor	е		No. in			1 X YES 2 NO	
M	10e. STREET AND NUMBER						ZIP COO			-		WHAT COUNTRY?
崱	2906 E. Norther						212				U.S.	
FUNERAL	1 Never Married 2 Married	FORCES? 1	EVER IN U.S. ARM			If yes, sp	city Cuba	n, Mexica	IIC ORIGIN? (Specify ) n, Puarto Rican, etc.)	ea or No-	14. RACI Black	E — American Indian, k, White, atc.
ĭ B	3. Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 TYES	2 X NO	Specify	:		Spec	White
	15, OECEOENT'S EOUCATIO		16a. DEC	EDENT'S	USUAL O	CCUPATIO	N .		16b. KINO OF B	USINE\$\$/II	IDUSTRY	
E	(Specify only highest grade comp Elementary/Secondary (0-12) Co	oleted) ollege (1-4 or 5 +)	Ma /	e kind of Do NOT u	work done se retired.)	during mo	st of working	ng				77
립	12			H	omen	nake	r		Own	Hom	e	-27
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					-	18. MOT	HER'S NA	ME (First, Middle, Maid	n Surname)		
BE C	Thomas Collette	e					C	athe	erine Bu	rns	100	
10 8	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or T			0.1.00.1
۴	Lana Warfield							ern	Pkwy. B			21214
	20a. METHOD OF DISPOSITION 1	from State	20b. PLACE A of cemetary, of	cremator	y or other p	place)					- City or To	
	4 (3 Donation 6 D Other (Specify)	EE	More	lan								Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	0 1)		1)	"T	o b m	TO YOURE	E 11 10	8521	Lock	Ray	ven Blvd.
	(mistina )	· Kap	reggs	)						DC	1100	Md 21286
NO	23. PART i. Enter the diseases, or compands, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	OUE TO (	e on each line.	UT UENCE (	CÌN DED:				. 1	000		Interval Between Onset and Death 9 Mou lus
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING				.,.							į i
FE	CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSEQ	UENCE (	OF):							
FR	resulting in death) LAST											
	PART II. Other significant conditions co	ontributing to	death but not re	esultino	In the u	nderivin	Cause	given in	Part I. 24s. WAS	AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
CAL						•			PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI									_   ''''	1 No		OF DEATH?
			-								- 1	
IAN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF E	DEATH (Ch	eck only one)			
SIC		OSPITAL:	ER/Outpatient 3	□ DOA	OTHE		10 6 🗆 R	esidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF (Month, Da		28b. TI	ME OF	28c. IN.	URY AT		28d. DESCRIBE NO	W INJURY (	CCURED	
BY F	1 Natural 5 Pending Investigation	(	,,,		M		YES 2	_ NO				
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE Of building,	FINJURY — At horate. (Specify)	At home, farm, street, tectory, office 2					28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one)	-										
00	2 MEDICAL EXAMINER: O	TI THE DESIGN OF STA	ammaction and/or ii	investigat	ion, in my	ориноп,						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	( Dad	111/11	11)			29c, LIC	ENSE NU	MBER	29d. D	ATE SIGNE	P (Mghth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUS	OF DEATH /ITEM	W 273 (5~	e Print)	_		レレン	10		(4)	14
	Dr. Charles Pade	gett 5	601 Lo			en E	lvd		Suite 10	7 Ba	ilto	Md.
	DEC 04 1992	32. REGISTRA	R'S SIGNATURE									
	IOUL //											

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 92 IRENE WAITES 11 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Pennsylvania 192-22-0359 1 M 2 XF 84 6/10/1908 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4401 SPRINGDALE AVE permit. Pages 1, 2, 3 (res.) BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4401 SPRINGDALE AVENUE use as the burial-transit 21207 USA after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marr FORCES? 1 YES 2 BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade detached for Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 page 5 should be HARVEY J. WAITES MARY BANKS BE notified 19s. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 5 ANN BLAND 4401 SPRINGDALE AVE BALTIMORE, MD 21207 9 20a. METHOD OF DISPOSITION

|X| Burial 2/ Cremation 3 | Ra
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State must by the funeral director, removal. Woodlawn Cemetery Baltimore, Maryland 21. SECHATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HIEGHTS **AVENUE** medical 23. Part I faller the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fallers. List only one cause on each line. filled in by Approximata interval Between executed within 24 hours 6 IMMEDIATE CAUSE (Final Onset and Death DIRECTOR: After this certificate has been signed by the attending physician and completely filler hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, the disease or condition AETERIOSCIEROSIS VASCUlardiscope resulting in death) event. DUE TO (OR AS A CONSEDUENCE OF) Carriac arrest traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Demen 119 death certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 any Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO shows : 1 YES 2 ND PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) The tem HOSPITAL OTHER: 1 | YES 2 NO OR ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 5 Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 60 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 H 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as atsated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 불북을 -5A 3011. 02 92 1 5 APLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COM 2600 Liberty peh91 HerTS mo 32. REGISTRAR'S SIGNATURE Devidson EC 04 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GEORGE WILLIAMS) MONTH 12 DAY 1992 YEAR 02 WILLIAMS 9:20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 4-16-23 1 M 2 - F 215-12-9321 69 S use as the burtal-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2151 Harford Rd. 21218 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ě Elementary/Secondary (0-12) College (1-4 or 5+) 6th grade director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Oscar Williams notified at Sally Winston BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Sarah Williams 2151 Harford Rd./Baltimore, MD pe 20e. METHOD OF DISPOSITION
1 A Buriel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Garrison Forest VA Cem Owings Mills. examiner 22. NAME AND ADDRESS OF FACILITY lled in by the funeral d MARCH F.H./1101 E. WM С. NORTH AVE medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, has been signed by the attending physician and completely filled in by Dept. of Health and Mental Hygiene prior to burfal, cremation, or remo Approximata shock, or heart failure. List only one cause on each line. Interval Betwe **IMMEDIATE CAUSE (Final** Onset and Death or other traumatic event, the disease or condition resulting in death) erebro vascul executed within 0, r0 5C lerot, CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be diabete QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY Item 23 shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATN (Check only one) certificate State OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA e 5 Residence 6 Other (Specify) the ö 27. MANNER OF GEATH 28s. OATE OF INJURY (Month, Day, Year) this c 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED Is marked, 5 Pending Investigation 1 Natural 1 YES 2 NO THE FUNERAL DIRECTOR: After the filed within 72 hours after death BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 9 Could not be BE COMPLETED MPORTANT: If Item 28 4 Nomicide CERTIFIER (Check only one) 2 MEDICAL EVALUATION CO. 1. MEDICAL EVALUAT 2 MEDICAL EXAMINER: On occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER L466 0 2 JUST TOSINE REGISTRES DE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMN-18 Rev 1/89

18	1. DECEDENT'S NAME (First,	Middle, Last)	Jose	ph /	ee	Wig	gens			2. D	ATE OF OEA	TH DAY	YEA		ME OF DEATH
	(10)	SCA	9h	VUI	1/1/		3,		2	No	vembe	r 20,	1992		:00 A.M.
	4. SOCIAL SECURITY NUMBER 111-16-1982	ER /	5. SEX	8. AGE (In	( YRS.	IF UNDE	DAYS	HOURS	MIN.	7. D/A	onth, Day, Ve	9,19	17	Nort	E (State or Foreign :h Caroli
_	Sa. FACILITY NAME (W not ins Liberty Medi							OR LOCATI		EATH			O YTHUC	OF DEATH	- 4
E	RESIDENCE OF DEC		enter			Da	TLLI	nore	СТСУ				Nor	ne	
	Maryland	10b. COUNT					orloca	TION City							INSIDE CITY LIMITS? YES 2 NO
- 10-	10e. STREET AND NUMBER							t. ZIP COD		_		10g. C	ITIZEN (	OF WHAT	
	2409 Chelsea	Terr	ace					212	16					d Sta	
	11. MARITAL STATUS 1 Never Married 2 📉 1 3 Widowed 4 Divor		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. I YES 2) WAR OR DATES	ARMED	13	If yes, sp	CENOENT Coocify Cube	m, Mexica	an, Pue	IGIN? (Speci rto Rican, et	fy Yes or No-	14. 1	RACE — Ar Black, White Specify:	merican Indian, la, etc.
H	15. DECE	EOENT'S EDU	ICATION	160	DECEOENT'S	LISUAL (	OCCUPATI	ON			16h KINO O	F BUSINESS/		lack	
F	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during me	ost of world	ng			(K-Ma	art	)	
H	17. FATHER'S NAME (First, Mic	ridio I neti			Truc	K D.	rive	_				1 1 11		spor	tation
	Hardy Wiggen	าร							ry H			alden Surname	)		
- 18	Shirley Yate		(Sister	)								r Town, State,			
r	20a. METHOD OF DISPOSITION	ON								-					
	4 Donation 6 Other		IOVEL ITOM State	_ MeIt	crematory or o	ther place	e Ch	nurc	h Ce	em	19\$2	NOT	in i	all, Caro	lina
	21. SIGNATURE OF FUNERAL		A #MU	0690				ND ADDRE							27909
+	23. PART I. Enter the dis	and	complications the	t council the	death Do	not ente	401	S. D	yer	Sti		Eliza			
	23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)	ert fellure.	complications the	at coused the use on each i	death. Do line.	not ente	401	S. D	yer	Sti	eet,	Eliza		Ī	Approximata Interval Between
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	IMMEDIATE CAUSE (Find Idease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition if smy, leading to immed cause. Enter UNDERLY!  CAUSE (Disease or injurt that initiated events resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturns 5 P  2 Accident 3 Suicide 6 C C Homicide Circle Conly 1 CERTIFIER (Check only 1 CERTIFIER CIRCLE)	ons, flate NG Pending Investigation Could not be letermined IFYING PHYSICAL EXAMINE	b. DUE TO c. DUE TO d	O (OR AS A CON: O (OR AS A CON	SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O DE reculting  28b. Till IN. home, farm,	OTHE 4 Number of at the	26. Pl	S. Dode of dy	given in  BEATH (Ch  Beldence  NO	Part I	24a. Windles or 1 and 1	Eliza reepiratory  S AN AUTOPS RFORMED? ES 2 NO  OW INJURY Contract and Number  State)  d menner as a se, and dua to	DOCCURED OF RELEASE OF THE COLUMN	24b. WERE AVAIL COMPAND OF DE 1	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Debt. of Health and Mental Horiene prior to burial, cremation, or removal.)	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 . STATE	STATE OF MA						MENTAL HYGIEN		33	981
	1. OECEDENT'S NAME (First, Middle, Last)  OF GOVERNMENT OF THE STATE O	Margare	t S. Abra	ms		DEAT	TH	REG. NO  2. DATE OF OEATH MONTH D	AY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER						24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	2 -	8. BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give at		100"		TY, TOWN (	OR LOCATIO	ON OF D	10,06.		TY OF DEA	RYIANG
DIRECTOR	Deaton Specially Hosp Baltimore Baltimore Baltimore										
RE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										Dd. INSIDE CITY
_		Georges	Co	llege						1	YES Z NO
FUNERAL	4711 Berwyn House	Dood #521	0		1	20740			10g. CITI		AT COUNTRY?
JNE	11. MARITAL STATUS	12. WAS DECEDENT E						NIC ORIGIN? (Specify Ye			American Indian.
ВУ	1 Never Married 2 Married 3 XXWidowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	YES 2/ NO		If yes, sp	ecity Cuba X2X NO	n, Maxica	an, Puerto Rican, etc.)	or No	Black, V	Black
ED	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDER	T'S USUAL	OCCUPATION	ON .	_	16b. KINO OF BU	SINESS/IND		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Clerk	OT use retired	i.)	ist or workin	Ŋ	Hospit	al		
BE CO	17. FATHER'S NAME (First, Middle, Last) Frederick Smothers  18. MOTHER'S NAME (First, Middle, Maiden Surname) Sarah Matthews										
TO 8	19a. INFORMANT'S NAME (Type/Print)  Joseph D. Smothers, Sr.  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1 West Conway Street, #210, Baltimore, MD 21201										
	20a. METHOD OF DISPOSITION  Y										
	21. BIGNATURE OF FUNERAL SERVICE LICE		22. NAME AND ADDRESS OF FACILITY								
	1 Doort	VenoVa	/					Home, Inc		J MD	20707
	23. PART I. Enter the diseases, or e	omplications that ca	head the death. I	Do not en	er the mo	da of dyl	ng, auc	ring Rd	Iratory arr	ea1,	Approximate
											Interval Between Onset and Death
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RTIFICATION	if any, leading to immediate	DUE TO (OR	AS A CONSEQUENC	E OF):							
2	CAUSE (Disease or Injury	Chron			1	nil	un	2			
FE	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST										
S	d										
MEDICAL											ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DE	EATH (Ch	eck only one)			
YSI	1 TYES 2 NO	1 Inpatient 2 EF		A 4 D		e 5 □ Re	sidence	6 Other (Specify)			
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJ (Month, Day, 1		TIME OF INJURY M		URY AT PRK? YES 2	] NO	28d. DESCRIBE HOW I	NJURY OCC	URED	
ED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, atc.	JURY — At home, fa (Specify)	rm, alreet, f	actory, offic	•		28t. LOCATION (Street City or Town, State)	and Number	or Rural Rout	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER							to the cause(s) and men			nd manner as stated.
BE											
10	296. SIGNATURE AND TITLE OF CERTIFIER  Active wedical 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)  11-25-92  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  C-P. MEHTA MD. 611 SO, CHARLES ST, BALTIMORE, MD 21230.										

31. DATE FILED (Morith, Day, Year)

DFC 7 1992 32. REGISTRAR'S SIGNATURE

his Davidson-Randall

Venskirmen

27 X (201 19 22 %)

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MELTER PRINTERS.

Miles and

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

_	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO	•				
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH 3. TIME									
1 8	Herbert E. AIREY December 4, 1992 5:40									
- 89		GE (In yrs. last birthday)				December 4, 1992				
	216-01-5379 1XM2 0 F	77 vrs.	MONTHS DAYS	HOURS MIN.	Mar 10,1	HRTHPLACE (State or Foreign country) laryland				
	Sa. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN O	R LOCATION OF DEA	TH	Sc. COUNTY	OF DEATH			
DIRECTOR	Franklin Square Hospital		Rossv	ville		Daltim	ore County			
15	RESIDENCE OF DECEDENT					IDa I C I III	ore county			
1	10a. STATE 10b. COUNTY	10c. CI	TY, TOWN OR LOCATI	ION			10d. INSIDE CITY LIMITS?			
	Maryland Baltimore	Во	wleys Qu			1 VES				
FUNERAL	720 Nollmeyer Road		10f.	21220		S . A .				
5	11. MARITAL STATUS 12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECE	ENDENT OF HISPANK	C ORIGIN? (Specify Yes	or No 14. I	RACE — American Indian, Black, White, etc.			
B	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR C			2 ANO Specify:	Puerto Rican, etc.)		Specify: hite			
0	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATIO	N .	16b. KINO OF BU	SINESS/INDUSTI	RV			
E	(Specify only highest grade completed)	(Give kind of life. Do NOT u	work done during mos use retired.)	st of working						
12	Elementary/Secondary (0-12) College (1-4 or 5 +)	Polic	e Office	r	Law E	nforce	ment			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)									
					E (First, Middle, Maiden					
8	Harry G. Airey				Hartsoc					
0	19s. INFORMANT'S NAME (Type/Print)	196. MAILING	G ADDRÉSS (Street er	nd Number or Rural Ro	oute Number, City or Tow	n, Stata, Zip Code	0)			
F	Geraldine A. Ashe	108	W. Elm	Ave. Bal	Lto. Co.	Md. 21	206			
	20s. METHOD OF DISPOSITION  1 % Burlai 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	20b. PLACE AND DATE	DF DISPOSITION (Nar	me of		CATION — City	or Town, State			
	21. SIGNATURE OF PUNERAL SERVICE ACENSES	Desbeam								
	Comment Service III (Noko)	(Kes.)	Georg	D ADDRESS OF FACE	er & Son	ons Inc.				
	George A. Weber & Sons	Inc.	705 S							
	23. PART I. Enter the diseeses, or complications that cer						Approximata			
	shock, or heart failure. List only one cause on each line.  Interval Batween Onset and Death disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Metastatic Cancer  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
E	resulting in death) LAST									
Ö	U.									
님	PART II. Other aignificant conditions contributing to des	th but not resulting	in the underlying	ceuse given in P	art i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
EDICAL					1 TYES 2		COMPLETION OF CAUSE			
					_	A) NO	OF DEATH?			
Σ			<u> </u>		_		1 TES 2 NO			
Z										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL:		26. PL	ACE OF DEATH (Chec	k only one)					
YS!	1 YES 2 NO 1 Nonpatient 2 ER/	Outpatient 3 DOA		5 🗆 Residence 8	☐ Other (Specify)					
Y PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending  28s. DATE DF INJU. (Month, Day, Ye		JURY WOR	JRY AT RK?	28d. OEŞCRIBE HOW I	NJURY OCCURE	D			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined 4 Immicide determined									
<b>L</b>										
COMPLETED	28s. CENTIFIER (Check only a CENTIFYING PHYSICIAN: To the best of my a con)  2 MEDICAL EXAMINER: On the besis of examine						use(s) and manner as status.			
8			and the second s							
BE	296. BIGNATURE AND THE LEGOF CERTIFIER			294. LICENSE NUMB	IEH .	29d, DATE SIG	INED (Month, Day, Year)			
2	UN MUSC			N/A		Dece	ember 4, 1992			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	e, Print)							
	Michael Suter M.D. 9000 Fran	klin Soua	re Dr F	Baltimore	Mi) 2123	7.				
	31. DATE FILED (Month, Day, Year) DEC 07 1992 Suhe bendoor	SIGNATURE		ZATO IIIIOI C	TID. EIEU					
L. 1	1002	-								

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State of the last

		permit. Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21215-0020	ithin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin State harr of Health and Mental Monles Indian principle in burial commonly.	nt, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the its find within 72 hours after death with the State Deat of Health and Mental Anderse prior to hardly not removed	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E 92	33983	
1	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH	
	Jimmy Earl	Bailey			Dec. 4,	1992 YEAR	2.40 A M	
	4. SOCIAL SECURITY NUMBER	V .		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIFTH (Month, Day, Year)	8. BIR	ITHPLACE (State or Foreign intry)	
1	216-54-6357	¥1 M 2 □ F 42	YRS.	NTHS DAYS HOURS MIN.			aryland	
-	Se. FACILITY NAME (If not institution, give s		96	CITY, TOWN OR LOCATION OF E		9c. COUNTY OF	DEATH	
DIRECTOR	Francis Sco	tt Key		Baltimore				
	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	γ	10c. CITY. T	OWN OR LOCATION			10d. INSIDE CITY	
	Md. Bal	timore	AV	ndalk			LIMITS? YES 2 NO	
	10e. STREET AND NUMBER		24.	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNT		
FUNERAL	1830 Marshall	l Rd.		21222		U.S.A.		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DECENDENT OF HISPA		or No 14, RA	VCE — American Indian.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2)(_)(NO	If yes, specify Cuban, Mexic			ack, White, etc.	
							nite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USA (Give kind of work	done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY		
ZE	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Disa				1	
M	17. FATHER'S NAME (First, Middle, Last)		Disa		AME (First, Middle, Maiden			
		ailey		Frie				
BE	19a. INFORMANT'S NAME (Type/Print)	22203	19b. MAILING AD	DRESS (Street and Number or Rura				
2	Clifford Bai	ley	4.0	arshall Rd.				
3	204. METHOD OF DISPOSITION	206	PLACEANDDATEOFD	ISPOSITION (Name of		CATION — City or		
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Meadowric	ige	12/7		-	
	21. SIGNATURE OF FUNERAL SERVICE LIC		4	22. NAME AND ADDRESS OF E	ACILITY		D	
	> Colf 1	on malt		7110 Golla	uneral Ho	ome oi	undalk 2122	
-	23. PART I. Enter the diseases, or	complications that cause	d the death Do not	enter the mode of dving eu	ch as cardiac or resol	Ku . Du	Approximate	
	shock, or heart failure.	List only one cause on e	act line.	onter the mode of dying, so	on an coronac or reapr	ratory arrest,		
							Interval Between	
	iMMEDIATE CAUSE (Final disease or condition	Acrial	l. ,				Onset and Death	
		DUE TO (OR AS	A CONSEQUENCE OF):	monde				
z	disease or condition resulting in death)	a. ASD OR AS A		/	-1 446	Q )	Onset and Death	
TION	disease or condition	· Vare	A CONSEQUENCE OF:	/	cel virile	s )	Onset and Death	
ICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· Vare	a consequence of	/	cel virice	8)	Onset and Death	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	· Vare	A CONSEQUENCE OF:	L (esophey	ce I voice	8)	Onset and Death	
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	· Vare	a consequence of	L (esophey	cel virice	8)	Onset and Death	
IL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A DUE TO (OR AS	a consequence of:	L (esopheg he liver se.	n Part I. 24s. WAS AN	AUTOPSY 2	Onset and Death  Goldey  4b. WERE AUTOPSY FINDINGS	
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AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  School Warner  Legahhi	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  C but  Out not resulting in the	L (esopheg the liver se.	Part I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  SChool Warner  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  C S IS OF  C SULL	L (ESDP he g  I've r  Se.  he underlying cause given in  26. PLACE OF DEATH (C)  THER:   Nursing Home 5   Residence  F   28c. INJURY AT	heck only one)	ALITOPSY MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  SCALLE PART II. Other aignificant condition  SCALLE PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be	DUE TO (OR AS A  C. DUE TO (OR AS A  d. A C C  DUE TO (OR AS A  d. A C C  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE	L (CSD) he cy live / Se.  the underlying cause given in  26. PLACE OF DEATH (C) THER:   hursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW II	AUTOPSY 2 MED? NO NO NJURY OCCURED	Onset and Death  Coccys  Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  SCHOOL WORLD TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	DUE TO (OR AS A  C	CONSEQUENCE OF):  CONSEQUENCE	L (CSD) he cy live / Se.  the underlying cause given in  26. PLACE OF DEATH (C) THER:   hursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO	heck only one)  24a. WAS AN PERFOR  1  YES 2  heck only one)  6  Other (Specify)  28d. DESCRIBE HOW II	AUTOPSY 2 MED? NO NO NJURY OCCURED	Onset and Death  Coccys  Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  SCHOOL WOOD  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  CERTIFYING PHYSICAL CONDITIONS IN CERTIFYING PHYSICAL CONDITIONS IN CERTIFYING PHYSICAL CONDITIONS IN CERTIFYING PHYSICAL CONDITIONS IN CERTIFYING PHYSICAL CONDITIONS IN CERTIFYING PHYSICAL CONDITIONS IN CERTIFYING PHYSICAL CONDITIONS IN CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	Detient 3 DOA OF INJURY	L (CSD) he cy live / Se.  the underlying cause given in  26. PLACE OF DEATH (C) THER:   hursing Home 5   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW III  28f. LOCATION (Street a City or Town, State)	AUTOPSY 2 MED? NO NO NJURY OCCURED	Onset and Death  Coccys  Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  SCHOOL WORLD CONDITION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  CERTIFYING PHYSICAL CONDITIONS CO	DUE TO (OR AS A  C	Detient 3 DOA 20 INJURY	L (CSD) he g  The live,  Se.  the underlying cause given in  28. PLACE OF DEATH (C)  THER: Nursing Home 5   Residence  F   28c. INJURY AT  WORK?  M   1   YES 2   NO  R, factory, office	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW iii  28f. LOCATION (Street a City or Town, State)	AUTOPSY 2 MED? NO NJURY OCCURED and Number or Rurs	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition    Chinal Last	DUE TO (OR AS A  C. CIFT  DUE TO (OR AS A  d. A CONTRIBUTION  DUE TO (OR AS A  d. A CONTRIBUTION  DUE TO (OR AS A  DUE TO (OR	Determine the control of the construction of t	L (CSD he g  I've r  Se .  the underlying cause given in  26. PLACE OF DEATH (C  THER:  Nursing Home 5 Residence  F 28c. INJURY AT  M 1 YES 2 NO  N, factory, office  It the time, date and place, and du  n my opinion, death occured at the	heck only one)  5 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(e) and men	AUTOPSY 2 MED? NO NJURY OCCURED and Number or Rura wher as stated. d due to the cause	Onset and Death  Colory  4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  All Route Number,  (e) and menner as stated.  ED (Month, Day, Year)	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition    Chara   Chara   Chara	DUE TO (OR AS A  C. DUE TO (OR AS A  DUE TO (OR A)  DUE TO (OR AS A  DUE TO (OR A)	petient 3 DOA 1 DO	L (CSD) he g  I've /  Se.  the underlying cause given in  26. PLACE OF DEATH (C  THER:   Nursing Home 5   Residence  F	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(e) and men e time, date and place, an	AUTOPSY MED?  NO  NJURY OCCURED  and Number or Rure  oner as stated, d due to the cause  29d. DATE SIGNI  12/L	Onset and Death  C Cays  4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  A Route Number,  (e) and menner es stated,  ED (Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition    Chara   Chara   Chara	DUE TO (OR AS A  C. DUE TO (OR AS A  DUE TO (OR A)  DUE TO (OR AS A  DUE TO (OR A)	petient 3 DOA 1 DO	L (CSD) he g  I've /  Se.  the underlying cause given in  26. PLACE OF DEATH (C  THER:   Nursing Home 5   Residence  F	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(e) and men e time, date and place, an	AUTOPSY MED?  NO  NJURY OCCURED  and Number or Rure  oner as stated, d due to the cause  29d. DATE SIGNI  12/L	Onset and Death  C Cays  4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  A Route Number,  (e) and menner es stated,  ED (Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition    Chara   Chara   Chara	DUE TO (OR AS A  C. DUE TO (OR AS A  DUE TO (OR A)  DUE TO (OR AS A  DUE TO (OR A)	petient 3 DOA 1 DO	L (CSD he g  I've r  Se .  the underlying cause given in  26. PLACE OF DEATH (C  THER:  Nursing Home 5 Residence  F 28c. INJURY AT  M 1 YES 2 NO  N, factory, office  It the time, date and place, and du  n my opinion, death occured at the	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(e) and men e time, date and place, an	AUTOPSY MED?  NO  NJURY OCCURED  and Number or Rure  oner as stated, d due to the cause  29d. DATE SIGNI  12/L	Onset and Death  C Cays  4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  A Route Number,  (e) and menner es stated,  ED (Month, Day, Year)	

92-33984

BATR . CATHERINE 212050630 15162944 # F W STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG. NO. FOR 1. DECEDENT'S RANGE FIGH, MIGHING LABOR CATHERINE RALR **特學**2 2120 7. DATE OF BIRTH (Month, Day, ben) A SOCIAL SECURITY NUMBER S. SEX 8. BURTHPS ACE (State or Formion 20 0630 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GOOD SAMARITAN FUNERAL DIRECTOR 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ARVLAND BALLIMORS 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8704 TOR ASHFORG 21234 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES YOUNG Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 200 Married BY 3 Widowed 4 Divorced HUN COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) Hams 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOS2P.H BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 FAMILY 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Ref
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE RMATOR 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVARS CHAPLL OF HARFORD 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) Sepsis DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING 4 udous CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Blees COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? Failine 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 M Inpetient 2 - ER/Outpetient 3 - DOA ne 5 🗆 Rasidence 6 🗀 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined COMPLETED 4 Homicide

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical P.O. BOX 68760, RECORDS. DIVISION OF VITAL TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT; If Item 21

BALTIMORE, MARYLAND 21215-0020

as the burial-

notified at

must be

examiner

the medical

event,

traumatic

injury, or other

shows any

item 2

6

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

Khaldoun A. Deblan

certificate has be 23

L DIRECTOR: After this cert 2 hours after death with the filem 28 is marked, o

23

2

been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for or, of Health and Mental Hygiene prior to burial, cremation, or removal.

32. REGISTRAR'S SIGNATURE Lulia Taindren

rom

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

M.D.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

5601 Loch Raven Blud Balt. MID 21239

29d. DATE SIONED (Month, Day, Year)

46326-58

- 0.75 .... 0.25 ... 0.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely limit in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If New 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las			ICATE OF	DEATH	REG. NO.	y O'S	3. TIME OF DEATH				
N'	HOELFINE	= $E$	SALL		12 0	7:59 P					
4. SOCIAL SECURITY NUMBER 526 20 1616	6. SEX	AGE (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year)	Co	RTHPLACE (State or Foreign ountry) W YORK				
98. FACILITY NAME (If not institution, give HOWARD COMMY		USAMI	96, CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY O					
RESIDENCE OF DECEDENT  10a. STATE  M.D  10b. COU	Tourseo		TY, TOWN OR LOCA	CITY			10d. INSIDE CITY LIMITS?  1 X YES 2 NO				
10e. STREET AND NUMBER	RAIL LAT	DE .	1	or. ZIP CODE 2104	13	10g. CITIZEN C	OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA		If yes, s		NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	18	IACE — American Indian, Black, White, atc. Specify: CUHTTE				
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12) 12 + 17. FATHER'S NAME (First, Middle, Last)	DUCATION ide completed) College (1-4 or 5+) 2	16a. DECEDENT' (Give kind of life. Do NOT	B USUAL OCCUPAT work done during n use retired.)	ION lost of working	Libra	SINESS/INDUSTR					
17. FATHER'S NAME (First, Middle, Last) WILLIAM MAC I											
19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Street	and Number or Rural	Ploute Number, City or Town	n, State, Zip Code	)				
James D. Ball		2650	Melba Ro	ad, Elli	cott City,	MD 21	042				
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	1 Burial 2 Cramation 3 Removal from State other place)										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 12-6-92 Ronald S. 22. NAME AND ADDRESS OF FACILITY											
23 PART I. Enter the diseases, of	or complications that	Wade, D	11				Approximate				
immediate cause (Final disease or condition resulting in death)	e. List only one caus	OR AS A CONSEQUENCE	VPARCTI				Interval Between Onset and Das				
Sequentially list conditions, If any, laading to immediata cause. Enter UNDERLYING											
CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE (Disease or Injury that Initiated evants DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algorificant condit	one contributing to c	leath but not resulting	In the underlyl	ng cause given in	Part I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL											
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	PLACE OF DEATH (C/							
27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF I (Month, Day	NJURY 28b. TI	ME OF 28c. IP	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	D				
2 Accident Investigation 3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route City or Town, State)											
(one only		ny knowledge, death occu imination and/or investigat					se(a) and menner on stated.				
291. 91GHURHARIAND TITLE OF CERTIF	Wille	7		29c, LICENSE NU	MBER 32		NED (Month, Day, Year)				
T. A. DADLSMAN	TR MO	E OF DEATH (ITEM 27) (TYR 2 KNOZL NOZ	PA DRIV	= coru	MBIA MC						
31. DATE FILED (Morith, Day, Ybar) DEC 0 1992	32. REGISTRAP	'S SIGNATURE									

	1 - STATE REGISTRAR	STATE OF MA					EALTH		MENT/	AL HYGIEN	E			
177	1. DECEDENT'S NAME (First, Middle, Last)  Justine				MONT					DATE OF DEATH NOOTH DAY YEAR 1.1 2.4 1.992 1.0:27 AM				. 64
	4. SOCIAL SECURITY NUMBER 214-37-5976	5. SEX 6	. AGE (In yrs. las	t birthday) YRS.	_	PAYS PAYS	IF UNDER	24 HRS. MIN.	7. DATI	E OF BIRTH ith, Day, Year)	1992	8. BIRTH	IPLACE (State or Foreign	∆ <sub>M</sub>
	Se. FACILITY NAME (If not institution, give st		9b. CIT		R LOCATIO	ON OF DE	SEP	7.6,		NTY OF D	ARYLAND MEATH	_		
TOR	Bowie Health Center				Во	wie					Pri	nce	Georges	
DIRECTOR	MARYLAND PRINCE GEORGE'S				Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 12107 TAWNY LANE						715			-1	10g. CITT		WHAT COUNTRY?	
COMPLETED BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAI	YES 2X A	MED (O		If yes, sp	ENDENT O	n, Mexica	n, Puerto	IN? (Specify Yes Rican, etc.)	or No—	14. RACE Black Speci	E — American Indian, k, White, etc.	
	(Specify only highest grade completed) (Gi					OCCUPATION during mo	N st of workin	9	16	NON		DUSTRY		
	17. FATHER'S NAME (First, MIGGIO, LIIST) RICHARD C. BAKER									Middle, Maiden				٦
TO BE	19a, INFORMANT'S NAME (Type/Print)									nber, City or Town			r.	ī
	RICHARD BAKER  20a. METHOD OF DISPOSITION 1 1 1 Burlet 2 Cremation 3 Remo	oval from State	20b. PLACE	AND DATE	OF DISPO	SITION (Na	me of		DA	MARYLA	CATION	2071.	own, State	$\dashv$
	4 Donation 5 Other (Specify) JUDEAN MEMORIAL GARDENS 11/27/92 ULNEY, MARYLAND  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY													
	Donald C.	Stor	them	yes	S 2	TEIN 32 C	HEB1 ARROI	REW !	MEMO TREE	RIAL F	UNERAL HOME, INC. WASHINGTON, D.C.			
	23. PART i. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause	on each line	J	2	,	,			rdlec or respi	ratory and	rest,	Approximate Interval Betwee Onset and Deat	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST													
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO									S				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ock only o	one)				$\exists$
HYS	1X YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 XE		DOA 26b, TIM				sidence	6 ☐ Other (Specify)  28d, DESCRIBE HOW INJURY OCCURED				4	
ВУ Р	1 Netural 5 Pending Investigation	(Month, Day,		INJ	JURY M	1 🗆 1	RK? 'ES 2	NO NO	200. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 8 Could not be determined	28e, PLACE OF I building, et	NJURY — A1 ho	me, farm, :	street, fac	tory, offic	•			CATION (Street a y or Town, State)	nd Number	or Rural F	Route Number,	i
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC ONE)  2 MEDICAL EXAMINE												i) and manner as stated,	
BE C	296. BURNATURE AND TITLE OF CERTIFIER		MAD				29c. LICE						(Month, Day, Year)	-
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	Prints		0.0	С.М.	Ε.		1	1 25	1992	4
	J. Laron Lock 31. DATE FILED (Month, Day, Year)		111			tree	t.	Bali	ime	ore. M	lary	land	3 21201	

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlant be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1992

DHMH-16 Rev 1/89

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	-niir	ICALE	UF	DEAL		RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  RUTH ALVERDA BOYO	Œ							2. DATE OF D MONTH NOVEMB	ER 2	5. 1	9°EAII	3. TIME OF DEATH  14:18 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24	$\rightarrow$	7. DATE OF B		,,,,		IPLACE (State or Foreign
	233 58 3212	1 🗌 M 2 💢 F	76	YRS.	MONTHS	DAYS	-	MING.	(Month, Day,	Year)	916	Countr	γ)
	9a. FACILITY NAME (If not institution, give st	treet end number)			9b. CITY	TOWN (	OR LOCATION	OF DE				NTY OF D	EATH
S.	SACRED HEART HOSP	ITAL			CU	MBEI	RLAND					AL	LEGANY
DIRECTOR	RESIDENCE OF DECEDENT												
2	3070 000			10c. CIT	Y, TOWN C								10d. INSIDE CITY LIMITS?
	W V M	lineral			Key	_							1 YES 2 NO
FUNERAL	The state of the s	1 (D (	n	207	`	101	ZIP CODE						VHAT COUNTRY?
밀	Limestone Roa						2672					.S.A	
	1 Never Married 2 X Married	FORCES? 1	T EVER IN U.S. AR	MED 10	11.0	If yes, sp	ecify Cuben,	Mexican	C ORIGIN? (Sp., Puerto Rican,	ecify Yes , etc.)	or No-	14, RACE Black	E — American Indian, k, White, etc.
Æ	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		'	YES	2 (X NO	Specify:				Speci	hite
0	15. DECEDENT'S EDUC	CATION	18e. DE	CEDENT'S	USUAL O	CCUPATIO	DN .		16b. KING	OF BUS	INESS/INC		nice
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	ive kind of a Do NOT us	work done one retired.)	during mo	st of working						
릴	5			ook					Re	sta	urai	n t	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAM	E (First, Middle	, Maiden S	Sumame)		
BEO	Joseph Ta	ylor	Grap	es			Lvd	ia	Mar	gar	et	Se	1 f
5	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	(Street e			oute Number, Ci				
F	Mary Frances Ou	rs		P.O.	. Во	x 2	69	Кe	yser,	WV	26	6726	
	20a, METHOD OF DISPOSITION 1 N Burlal 2 □ Cremation 3 □ Remo	mail dans State	20b. PLACE	AND DATE	OF DISPOS	ITION (Na			_			City or To	wn, State
	4 Donation 5 Other (Specify)		cometery, cre-	matory or o	orial	Gard	lens 11	/28/	1992	Key	ser	, W	V 26726
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRESS	OF FAC	ILITY				
	Micros Ki	Luck	/		R	otri	uck F	une	eral l Street	Home	2		1111 06706
	23. PART L Enter the diseases, or o	omplications tha	it caused the de	ath. Do r	not enter	the ma	de of dvino	a. such	as cardiec	or resolu	etory an	er,	WV 26726
	shock, or heart fellure. I	List only one ceu	use on each line				- 1100 - 100			III hesse	,		Interval Between Onset and Death
- 1	disease or condition	Con	0 // 0 0	0	0/-	0	~ p						Oliset and Death
	resulting in death)	DUE TO	(OR AS A CONSE	JUENCE O	PER	> (							<u> </u>
2		MAZ	1808	751	X DI	65	- (	2 40	nous i	-	Deli	000	2 years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	oue-to	OR AS A CONSEC	DIENCE O	P.			1					
₫	cause, Enter UNDERLYING CAUSE (Disease or injury	· C	HE										
# 1	that initiated events resulting in death) LAST	OUE TO	TON' AS A CONSEC	DUENCE OF	7):								
<b>H</b>	L.	au	alle	9									
١	PART II. Other significent conditions	s contributing to	deeth but not r	esulting	In the un	derlying	g cause giv	ven in F	Part I. 24a.	WAS AN		24b.	. WERE AUTOPSY FINDINGS
EDICAL	121846	2 1	Ilmal	ء بيدھ	2 8	P	sub	Len	a	PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE
						9			- L	TES 2	A MO		OF DEATH?  1 YES 2 NO
2									_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DEA	ATH (Chec	ck only one)				
Sic	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Resk	dence 1	□ Other (Spe	iclfy)			
Ě	27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. TIM		28c. INJ			28d. OESCRIB		JURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation	(monn), o	ay. (our)		М		YES 2   I	NO					
03	3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At ho	me, ferm, s	streel, fact	ory, offic	•		28f. LOCATION City or Ton		nd Number	r or Rural R	loute Number,
<b>#</b>	4 Homicide determined								ony or ron	in, Grain,			
2	290. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurn	ed at the ti	me, date	and place, a	nd due t	o the cause(e)	and man	ner ee stat	ted.	
COMPLET													) and menner as stated,
	296. SIGNATURE AND PITE OF CERTIFIER					1	29c, LICEN			1			(Month, Day, Year)
H	men 4	040	MAI	0				752			N 1	1-2	_
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	SE OF DEATH TE	27 (3,00)	Print)		<i>D</i> 1				1	1 0	
	DR. JOHN MEHANNA	, M.D	909-B SE	TON	DRIV	E. (	CUMBER	LAN	D, MD	2150	2		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE						- ,				
	DEC	7 1002	della Ku	idan	But	40	y						

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The state of the s

	FOR
-	STATE REGISTRAR

	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTIF	RTMENT	OF HEA	EATH	ND ME	NTAL HYGIEN REG. NO		16	33300
	1. DECEDENT'S NAME (First, Middle, Last)	Eugepi	a Ellswort	h Bala	zano			DATE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1	YEAR II	F UNDER 24 H	ms. 7.	DATE OF BIRTH	9	72	PLACE (State or Foreign
	247-20-4626	1 ☐ M 2/(X) F	92 YRS.				m. 1	2-17-189	9	SOL	ith Carolina
	Sa. FACILITY NAME (If not institution, give s			96. CITY, 1	TOWN OR I	LOCATION (	OF DEATH			NTY OF D	
5	Greater Laurel Be	eltsville	Hospital	Laui	rel				Pri	nce (	Georges
DIRECTOR	10e. STATE 10b. COUNT	1	10c. CI	TY, TOWN OR	LOCATION	1					10d. INSIDE CITY
	Maryland Prin	ice George	S	Laure	1						1 YES 2 HO
FUNERAL	100. STREET AND NUMBER 12229 Shadetree I	200			10f, ZI	P CODE	0			IZEN OF V	WHAT COUNTRY?
NS	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARMED	13. W	AS DECEN	2070	_	PRIGIN? (Specify Yes	USA	14 BACE	- American Indian.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR	YES 2///NO OR DATES	H	yes, specit		lexican, Pr	verto Rican, etc.)		Blact Speci	t, White, etc.
월	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	work done du	CUPATION iring most o	f working		16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Librar	11.17.4				School	C	La cons	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Ιαπ	10	I. MOTHER	'S NAME (	First, Middle, Malden		telli	
BEC	Isaac Stockton Ke	eith Ellsw						Tighe			
2	Eugenia B. Fritz							aurel, M			
	20a. METHOD OF DISPOSITION 1 (2) Durial 2 Cremation 3 Rem		206. PLACE AND DATE	OF DISPOSIT			C, L	DATE 20c. LO			wn, State
	4 Donation 5 Other (Specify)		St. Lawre				1	2-6 Ch	arles	ston,	SC
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				LINEY	OF FACILITY	ome, Inc			
<	Kolalisi	wayyoy		760	01 Sa	ndv S	Spri	na Rd.	laure	e1. M	ID 20707
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cities	O ( C Alica						ratory ar	rest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE (								
CAL	PART ii. Other significant condition	s contributing to de	eeth but npt resulting	in the und	erlying c	ause give	n in Pari	1 L 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI			<u> </u>								1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE	E OF DEATH	H (Check o	only one)			
rsic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Inpatient 2 E	R/Outpetient 3 DOA	OTHER:	ng Home !	5 🗆 Reside	ence 6 🗆	Other (Specify)			
	27. MANNER OF DEATH  1 Notural 5 Pending	28s. DATE OF IN. (Month, Day,	JURY 28b. TII Ybar) IN	JURY M	Bc. INJURY WORKS	7		1. DESCRIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF II	NJURY — At home, farm,	street, factor		2 [] NO	_	LOCATION (Street	and Numbe	r or Runal R	loute Number,
	4 Homicide determined	building, etc	: (Specify)				1	City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE		y knowledge, death occur nination and/or investigati								) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	0 60	2		29	D42	76	7	29d, DAT	E SIGNED	(Month, Day, Year)
	Ohris Man A	. 2717	OF DEATH (ITEM 27) (Type	LUS-C	- 4	6018	1 14	P 207	37		
	DEC 7 1992	2. REGISTRAR'S	SIGNATURE								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

Beedd to

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		REGISTRAR			C	ERTIF	ICATE (	OF DEATH		REG. NO.			
		1. DECEDENT'S NAME (First,	Middle, Last)	Harold Dor	nald B	aker			2. DAT	E OF DEATH	W	VEAD 3.	TIME OF DEATH
		H. DONA	ALD			RY	KER		NO		19	921	5:45 A H
		4. SOCIAL SECURITY NUMBER	-		AGE (In yrs. le	ast birthday)	IF UNDER 1 YE		. 7. DAT	OF BIRTH		. BIRTHPL	ACE (State or Foreign
	l V	223-36-	-3171	1 X M 2 - F	5	YRS.	MONTHS DA	YS HOURS MIN.	Jul	421, K	727	Country)	Virginia
		Sa. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CITY, TO	WN OR LOCATION OF		12./.	9c. COUNT	TY OF DEAT	
L 30	E C	Greater Laur	rel Be	ltsville H	lospit	al	Laur	el			Prin	CA G	eorges
7.3	DIRECTOR	RESIDENCE OF DEC			.00010	u i	Laai					ice d	zor ges
	E	10a. STATE	10b. COUNT			100	Y, TOWN OR L					10	I IMITS?
- E	ā	Maryland	Prin	ce Georges			Laurel					X	V LIMITS?
Deci	A P	104. STREET AND NUMBER						101. ZIP CODE			10g. CITIZI	EN OF WHA	T COUNTRY?
nsit	FUNERAL	9035 Contee	Road,	Apt. 102				20708			US	A	
020 physician. burlal-transit	5	11. MARITAL STATUS		12. WAS DECEDENT EN	YER IN U.S. A	RMED		DECENDENT OF HISP			or No-	4. RACE -	American Indian,
P 2		1 Never Married 2 1 1 3 Widowed 4 X Xivon		IF YES, GIVE WAR	OR DATES	NO		i, specify Cuban, Mex YES X (X) NO Spe		Rican, etc.)	1	Black, V Specify:	Vhite, etc.
215-0 attending se as the	ВУ	3 Widowed 4 [A] Alivon	ced		WWII			- NA			1		White
21215-0020 al or attending physic for use as the burial	윤		DENT'S EDU		16a. D	ECEDENT'S	USUAL OCCU	PATION g most of working	16	b. KIND OF BUS	NESS/INDU	STRY	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Elementary/Secondary (0-	12)	College (1-4 or 5+)		n. Do NOT us	se retired.)						
AND he hospital detached to	<u>=</u>	12		0	Gr	<u>eensk</u>	eeper			Fort	Meade		
YLAND by the hospit be detached at once.	COMPLET	17. FATHER'S NAME (First, Mic	idle, Last)					18. MOTHER'S	NAME (First,	Middle, Maiden	Sumame)		
2 2 2 E	ш	James Baker						Beula	Bak	er			
MAR retained 5 should	10 B	19a. INFORMANT'S NAME (7)	pe/Print)		1	9b, MAILINO	ADDRESS (St	eet and Number or Run	al Route Nur	nber, City or Town	n, Statu, Zip C	Code)	
2 5 0 5		Ann Dowling				9035	Contee	Rd., Apt	. 10	2, Laur	el, M	ID 21	0708
m > 8 v		20a. METHOD OF DISPOSITION	ON		20b. PLACE	AND DATE	OF DISPOSITIO	N (Name of	DA	TE 20c. LO	CATION — CI	ity or Town	State
TO H	1 1	4 Donation 5 Other		oval from State	Balti	more-	Washin	gton Crem	nation	v lau	rel,		2000
Pige N	1 1	21. SIGNATURE OF FUNERAL	SERVICE LIC	A HARMAN	1)			E AND ADDRESS OF		Lau	11 (1)	110	
ALTIN death. Pag huneral di examiner		1/	Da 01	20 a Char	1/2		Fle	ck Funera	1 Hor	ne, Inc			
BAL he fund the fund open.		100	uace	occuração	X00	1	760	1 Sandy S	prin	Rd.	Laure	I. MI	20707
d in by		23. PART I Enter the dis shock, or he	seases, or o art failure.	complications that ca List only one cause	arsed the d	leath. Do r	not enter the	mode of dying, so	uch aa ca	rdiac or respi	ratory arre	at,	Approximate interval Between
o b o E	1 1	IMMEDIATE CAUSE (Fine	-1	_	2	- 1							Onset and Death
uln 2		disease or condition resulting in death)	<b>+</b>	. CARDIL	D-PU	ILMO	DNAI	24 ARI	25-5	T			
760, sd within ompletel il, crema		1000000		OUE TO (OR	AS A CONSE	EQUENCE OF	F):						
executed and com o burial, matic er	C I	2004-000-000-000		CONGE	-S77 V	E H	EART	FAILUI	RE				!
× = = =	ERTIFICATION	Sequentially list condition if any, leading to immed		DUE TO (DR	AS A CONSE	EOUENCE OF	F):	1					
ate be ysicial prior	3	cause. Enter UNDERLYIN CAUSE (Disease or Injur		c									!
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o the P		resulting in death) LAST		d									
	0	PART II. Other aignifican	t condition	a contribution to do	-45 b							1	
T H D h	EDICAL			1	stn but not	resulting	in the under	ying cause given	in Part I.	24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
COH res that signed b leafth an	ă	systaic by	rense	ISION						1 - YES 2	DENO		OMPLETION OF CAUSE F DEATH?
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VIIAL AN: The law inficate has State Dep	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				8. PLACE OF DEATH (	Check only o	ine)			
SICIAN: The Certificate the State	S	1 TES 2 NO		1 Inpetient 2 ER	/Outpatient	3 🗆 DOA	OTHER:	Home 5 - Residenc	6 - Oth	er (Specify)	4		1
OR ATTENDING PHYSICIAN: The OR ATTENDING PHYSICIAN: The POINT After this certificate in nours after death with the State D tem 28 is marked, or item		27. MANNER OF DEATH		28e. DATE OF INJ (Month, Day, )		28b. TIM	E OF 280	INJURY AT	28d. DE	SCRIBE HOW I	JURY OCCU	PRED	
NG PHYS fer this ceath with	ВУБ	1 Netural 5 P	ending restigation	(WONT, Day, )	our,	1143		WORK?					
NDING H. After r death		a C autota	ould not be	28e. PLACE OF IN	JURY — At h	ome, farm, s	street, factory,	office		CATION (Street a	nd Number o	r Aural Aoul	e Number,
TTENDIN TOR: Aft after de:			etermined	building, etc.	(Specify)				Ch	or Town, State)			
ON ATTENDING OR ATTENDING DIRECTOR: After hours after death item 28 is ma	iw	29a. CERTIFIER	EVINO BUVO			100 - 17	A.3 (20)		- 100gs			_	
Z Z Z	5	(Check only		CIAN: To the best of my									
HOSPITAL FUNERAL Within 72	8			R: On the basis of exami		www.cigatio	ri, ili my opink	m, death occured at t	ne time, del	a and place, an	due to the	cause(e) ar	id manner as stated,
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	1				29c. LICENSE N	UMBER	_			onth, Dey, Year)
5 5 8 F	10	- Julyana	-( DME	IMD				D25	74:	)	No	1V 2	1,1742
	-	30. NAME AND ADDRESS OF		O COMPLETED CAUSE O	F DEATH (ITE	EM 27) (Type,	Print)	0			(301)	986	-4122
		1'IN RCKOEK	,#2	1/201	WISCO	NSIN	AVE	BETHESL	DA, K	10 20	0814		13
1		31. DATE PER Month, Pay, 1	992	Settle Davids	SHALL	400					-		
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LAND 21215-0020	y the hospital or attending physician.	PRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should the foundable of the state Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	90 000
BALTIMORE, MARY	hours after death. Page 6 may be retained L	led in by the funeral director, page 5 should , or removal.	medical examiner must be notified
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PATTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL REC	TAL OR ATTENDING PHYSICIAN: The law require	AL DIRECTOR: After this certificate has been sig 72 hours after death with the State Dept. of He	If Item 28 is marked, or Item 23 shows

1.0	1 - STATE REGISTRAR			ERIII	ICAI	E OF	DEA	<u>rh</u>		REG.	NO.		
- 13	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE	OF DEATI	DAY	YEAR	3. TIME OF DEATH
	ANNTE	4. OFFI	BY						1		-4-	92	
	238-52-2868	5. SEX	6. AGE (In yrs. I	heman.	MONTHS	DAYS	HOURS	MIN.		OF BIRTH		8. BIRTI	HPLACE (State or Foreign try)
	Sa. FACILITY NAME (If not institution, give str	X	5.0	6 THS.				11.		28-3			SISSIPPI
. 1	5003				96. CIT		OR LOCATI				0c, 0	COUNTY OF E	
Dingolon	5821 FALKIRK	ROAD				BA	LT.TV	<u>iori</u>	E CI	ΓY		NONE	3
í	10a. STATE 10b. COUNTY			10c, CI1	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
- 1	MARYLAND	NONE			BA	LTI	MORE	CI	ΓΤΥ				LIMITS?
	10s. STREET AND NUMBER	72					ZIP COD	E			10g.	CITIZEN OF	WHAT COUNTRY?
	5821 FALKIRI	RD.					2]	239	)		UI	NITED	STATES
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A		13.	WAS DEC	ENDENT (	OF HISPA	NIC ORIGII an, Puerto	17 (Specify	Yes or No	- 14. BAC	E - American Indian, ik, White, etc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	₹		1 TYES	2 X X0	Specif	fy:	rinceri, etc.	,	Spec	
	15. DECEDENT'S EDUC	ATION	1.0										O-AMERIC
	(Specify only highest grade of	completed)		DECEDENT'S Give kind of the Do NOT u	work done	during mo	on st of working	ng	166	KIND OF	BUSINESS	/INDUSTRY	
	Elementary/Secondary (0-12)  12th grade r	College (1-4 or 5	•)										
1	17. FATHER'S NAME (First, Middle, Lest)	none	INI	EIGH	SORH	OOD			ME (Elect		iden Suman	SERVI	CES
	JAMES PORTER								E B			EDDIN	NGS
	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	S (Street a	nd Number	or Burnt	Boude Alum	har City or	Tourn State	Zin Codel	
	TROY BURMAN								BALT			, 2p 000e)	21239
I	26r. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remon		20b. PLACI	E AND DATE					DAT			- City or To	inun State
	1 Buriel 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	val from State	cemetery, c	rematory or o	ther place)	)			1				
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE A	LARRI	ITUS			D ADORE			- 91- 9	2 1	BALTO	MD.
1	· Calinia R	Story		0_	C	ALV	IN E	.SC	RUG	SS F	UNEF	RAL H	OME
4	23. PART I. Enter the diseases, pr cp	. 200	99	00%	1	412	E	Pre	stor	St	Ba	Ita,	Md. 21213
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO	(OR AS A CONS	FOUENCE O	F):	С.Н	.F.)						Interval Betwee
	Sequentially list conditions, b.		MIG			no	S					17	
	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EQUENCE O									
1	CAUSE (Disease or Injury Ca	DUE TO	(OR AS A CONS	- C- C									
	that initiated events resulting in death) LAST	502 10	(on As A cons	EGOENCE O	T).								i
	d.	•											<u> </u>
	PART II. Other algnificent conditions	contributing to	deeth but not	resulting	In the u	nderlyln	g cause	given in	Part i.	PER	S AN AUTOF IFORMED?		b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26. Pl	ACE OF D	EATH (C)	heck only or	10)			
		HOSPITAL:	ER/Outpatient	3 DOA	OTHE	R:			6 🗆 Othe				
- 35	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT				OW INJURY	OCCURED	
	1 Netural 5 Pending 2 Accident Investigation	(Month, D	ay, Year)	JN.	JURY M		RK? res 2 [	NO					
	Z Mccident	28e. PLACE O	FINJURY — AI I	nome, farm,	street, fac	tory, offic			281. LOC City	ATION (Str or Town, S	reet end Nur tate)	mber or Rural	Route Number,
	3 Suicide 6 Could not be 4 Homicide datermined	building,											
	4 Homicide datermined	building,	my knowledne	leath occur	ad at the	time dut-	and also	and d.	In the se	100/01		mbabe d	
	4 Homicide determined  29e. CERTIFIER (Check only)	HAN: To the best of											e) and menner as stated.
	4 Homicide determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	HAN: To the best of					eath occur		ilme, date		, and due	the cause(	e) and menner as stated.
	4 Hornicide datermined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	itan: To the best of a:	xamination end/o	r Investigation	on, in my o		eath occur	red at the	ilme, date		, and due	the cause(	
	29e. CERTIFIER   Certifying Physic one)   2   MEDICAL EXAMINER	itan: To the best of a:	xamination end/o	r Investigation	on, in my o		eath occur	red at the	ilme, date		, and due	the cause(	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	표
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FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_									
	1. DECEDENT'S NAME (First, Middle, Last)				_	2. DATE O		AV -	3. TIME OF DEAT
	MILDRED JENNIE	BIDDISON CRO	SS			Nove	mber	29, 19	92 430
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthd	"		7. DATE O	F BIRTH		BIRTHPLACE (State or Fo
	215-10-6118		32 YR	S. MONTHS DAY	S HOURS MIN.	II-	12-19	10	Maryland
	Sa. FACILITY NAME (If not institution, give a	street and number)		96. CITY, TOW	N OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH
8	Bel Air Convales	cent Center		Bel	Air			Harf	ord
5	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNT		10c.	CITY, TOWN OR LO					10d, INSIDE CITY
		timore		Towson	1				1 🗆 YES 2 🔀
₹ I	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZES	N OF WHAT COUNTRY?
9	305 E. Joppa Roa	ad			2120	14			U.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		DECENDENT OF HISPA , specify Cuban, Mexic			or No- 14	. RACE — American India Black, White, etc.
BY	1 Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES X		YES 2 NO Speci		cars, etc.,		Specify:
					**		_		White
	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDEN (Give kind	IT'S USUAL OCCUP of of work done during OT use retired.)	ATION most of working	16b.	KIND OF BUS	SINESS/INDUS	TRY
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5 +)						000:	
COMPLETED	12 years		Compt	ometer C	-			Office	347
	17. FATHER'S NAME (First, Middle, Last)	h Diddiaan			18. MOTHER'S N				
BE	George Ellswort	n Bludison				Lee W			
2	19a. INFORMANT'S NAME (Type/Print)				et and Number or Flural				•
	Judith Adkins		619	Boxelde	r Drive,	Edgew	ood, l	Mary1a	nd 21040
	20e. METHOD OF DISPOSITION 145. Burlel 2 Cremation 3 Rem	noval from State		ATE OF DISPOSITION		DATE			y or Town, State
	4 Donation 5 Other (Specify)		Mt. Oli	vet Ceme		12-2	Bal	timore	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF F	ACILITY 6	500 Y	ork Rd	. Balto. M
	George J. Fe	evan-		ı					
	23. PART I. Enter the diseasea, or	errarse complications that cause List only one cause on	ed the death. Deach line.						t, Approxime
FICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS DUE TO (OR AS c.	A CONSEQUENCE	Do not enter the	mode of dying, suc				t, Approxima
ERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS DUE TO (OR AS c.	each line.  A CONSEQUENCE	Do not enter the	mode of dying, sur				Approximinterval Bonset and
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ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pending	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	each line.  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not resulting  stpetient 3 DO  (28b.	Oo not enter the  E OF):  E OF):  E OF):  Time OF INJURY M 1 [	ying cause given in  PLACE OF DEATH (C)  Home 5   Residence  INJURY AT  WORK?  YES 2   NO	Part I.  1 Part I.  6 Other  28d. DESC	24a. WAS AN PERFOR	AUTOPSY MED?  SJNO  NJURY OCCUR	Approximinterval Be Onset and A 3 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. DUE TO (OR AS  DUE	each line.  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not resulting  stipetient 3 DO  (28b.  RY — At home, far eacily)	20 OF): E OF): E OF): Time OF INJURY M 126. Time of Instruction of the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of course at the time.	ying cause given in  PLACE OF DEATH (C)  One 5   Residence INJURY AT  YES 2   NO  office	Part I.  1 Part I.  2 Bd. DESC  28f. LOCA City or	24a. WAS AN PERFORM 1 VES 2  (Specify) RIBE HOW II TION (Street a Town, State)	AUTOPSY MED?  NJURY OCCUR	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2 P
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	each line.  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not resulting  stipetient 3 DO  (28b.  RY — At home, far eacily)	20 OF): E OF): E OF): Time OF INJURY M 126. Time of Instruction of the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of coursed at the time, of course at the time.	ying cause given in  PLACE OF DEATH (C)  One 5   Residence INJURY AT  YES 2   NO  office	heck only one  6 Other  28f. LOCA City of	24a. WAS AN PERFORM 1 VES 2  (Specify) RIBE HOW II TION (Street a Town, State)	AUTOPSY NAMED?  NAMED?  NAMED OCCUR  AND OCC	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2 P
BE COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	each line.  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not resulting  stipetient 3 DO  (28b.  RY — At home, far eacily)	20 OF): E OF): E OF): Time OF INJURY M 126. Time of Incomplete the time, of coursed at the time.	ying cause given in PLACE OF DEATH (Contents of Residence INJURY AT WORK?  YES 2 NO office Indiana and place, and durin, death occurred at the Page. LICENSE NU	heck only one  The Part I.  The	24a. WAS AN PERFORM 1 VES 2  (Specify) RIBE HOW II TION (Street a Town, State)	AUTOPSY HMED?  NURY OCCUR and Number or nor es stated.  29d. DATE Si	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2   P
BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE	each line.  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not resulting  stpetient 3 DO  28b.  3Y — At home, far eachy)  wiedge, death occition and/or investig	Do not enter the  E OF):  E OF):  E OF):  Time OF INJURY M  Time OF INJURY M  1 [  rm, street, factory, of curred at the time, of gastion, in my opinion	ying cause given in  PLACE OF DEATH (Clome 5   Residence INJURY AT WORK?  YES 2   NO office Industry AT work and place, and due, death occurred at the	heck only one  The Part I.  The	24a. WAS AN PERFORM 1 VES 2  (Specify) RIBE HOW II TION (Street a Town, State)	AUTOPSY HMED?  NURY OCCUR and Number or nor es stated.  29d. DATE Si	24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH?  1 YES 2 P

DHMH-16 Rev 1/89

Albert a page 1

A 100 A 100	or conding consistan.	the as the dumin-transit	)
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospin a minimum president.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the second of Manne United South and Mannel M	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND M215-0120

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EKIII	ICATE O	F DEA	TH		REG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)	_						2. DATE OF	DEATH		3	. TIME OF DEATH
1	MARTHA .T	CATN						HTHOM	DA	Υ	YEAR	
1 8	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last hirthday	IF UNDER 1 YEA	a lange	R 24 HRS.				92	м
	055 51 5-1-		or Marc (III yrs.		MONTHS DAY		MIN.	7. DATE OF (Month, E		- 1	Country)	ACE (State or Foreign
	235-34-1049	1 M 2-F	66	YRS.				10-1	2-26	5	TA	. Va.
	9e. FACILITY NAME (If not institution, give :	street end number)			9b. CITY, TOW	N OR LOCATI	ON OF DE			9c. COUNT	Y OF DEA	
DIRECTOR	16 Walden Cum	oge at			7.7	7						
K	16 Walden Cypr	ess of.			W.O.O.C	lawn				Balt	timo	re Co.
E	10a. STATE 10b. COUNT			10c, CIT	Y, TOWN OR LO	CATION					1.	Od. INSIDE CITY
뜻	7/13										1.	LIMITS?
		timore		Wo	odlawr						1	YES 2 NO
₹	10e. STREET AND NUMBER					10f. ZIP COD	E			10g. CITIZE	EN OF WH	AT COUNTRY?
FUNERAL	16 Walden Cyp	race Ot	_Rel	to I	W Z	27	207			71 (	4 A	
Z	11. MARITAL STATUS	12. WAS DECEDEN						NIC ORIGIN? (	10.0	UAN	D. A.	
	1 Never Merried 2 Merried	FORCES? 1	YES 2	<b>1</b> 10	If yes,	specify Cube	m, Mexice	nic Onigin? (	Specify Yee in, etc.)	or No- 1	4. RACE - Black, \	- American Indian, White, stc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			ES 2 XNO					Specify:	
	31.	<u> </u>									Whi	te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION Completed)	16a. I	DECEDENT'S	USUAL OCCUPA	TION		16b. KI	ND OF BUS	INESS/INDU	STRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5 a	) /	to. Do NOT u	work done during se retired.)	most or worki	ng					
4	N/A	N/A	´	Dool	50.70					~	~	
Σ	17. FATHER'S NAME (First, Middle, Last)	N/A		Pac.	ker	_				Cup	Co.	
8						18. MOT	HER'S NA	ME (First, Mide	tle, Melden S	Surnama)		
BE	Frank J. C	ain				M	ahe'	I M.	Holl	inha	nich	
	19e. INFORMANT'S NAME (Type/Print)		2	96. MAILING	ADDRESS (Street	t and Number	or Rumi I	Poute Number	City or Town	State Zin C	orde)	7.00
2	James R. McIn	+ ***										
	20a. METHOD OF DISPOSITION	rare		10	Nalden	CVD	res	s Ct.	-Bal	to	Md	21207 , Stata
- 1	1 NBuriel 2 Cremetion 3 Rem	ovel from State	comptent o									
- 1	4 Donetion 5 Other (Specify)		Lake	eviev	Ceme	terv	72-	1-92	ST	KACT	177	e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME	AND ADDRE	SS OF FA	CILITY	L Dy	TC D V		- Hu
	•				515	1 Ba	ltin	nore	Nati	onal	Pi	ka
	G. Truman	Schwab			Bal	timo	ra	Md.	2722	OHAL		ve
	23. PART I. Enter the diseeses, or i	complications the	ceused the	leath. Do i	not enter the r	node of dv	na eucl	h ee cerdler	or ment	otom, orma		I Appropriate
	snock, or neert tellure.	List only one ceu	se on each iir	10.					or respir	atory arres	PK.,	Approximate interval Between
	IMMEDIATE CAUSE (Final	4	$\cap$	1					1			Onset and Death
1	disease or condition recuiting in death)	· THALL	Lal	- (	ARUN	MA	1 AE	THE	L.11	1-		
	1913 - 1913	DUE TO	OR AS A CONS					1.10	1 4 1/2 100			
- 1	_											
CERTIFICATION	Sequentially list conditions,	b. DUF TO	OR AS A CONS	FOLIENCE OF	5):			-				
A	If any, leading to immediate cause. Enter UNDERLYING		, o	LOGENCE O	,							
2	CAUSE (Diseese or Injury	с										
11	that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONS	EOUENCE O	F):							
11	resulting in deeth) LAST	d										
2												
EDICAL	PART ii. Other significent condition	s contributing to	deeth but not	resulting	in the underly	ng ceuse g	given in i	Part i. 24	. WAS AN A			ERE AUTOPSY FINDINGS
2									PERFORM			MILABLE PRIOR TO OMPLETION OF CAUSE
								1	YES 2	NO		DEATH?
Σ								_ !			1	YES 2 NO
z												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF D	EATH (Che	eck only one)				
8 1	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 I	EQ/Ordentlant	2 🗆 004	OTHER:		,					
¥ ∥	27. MANNER OF DEATH	28e. DATE OF		7	4 - Nursing He		sidence	6 U Other (S)	pecify)			
直		(Month, De		26b. TIM		NJURY AT YORK?		28d. DESCRI	BE HOW IN.	JURY OCCUI	RED	
B	Natural 5 Pending Investigation				M 1	YES 2	NO					
	3 Suicide S Could not be	28e. PLACE OF	INJURY - At h	ome, ferm, s	treet, factory, of	Ice		28f. LOCATIO	N (Street en	d Number or	Rural Boud	n Alumbar
<u>a</u>	4 Homicide determined	building,	Mc. (Specify)					City or To	wn, Stete)	o mamour ar	TID ET TIOUT	e ivamoei,
<u> </u>	A											
COMPLET	CENTIFIER LETTERYING PHYSI	To the beet of	ny knowledge, d	eath occurre	ed at the time, de	ta end place,	end due	to the cause(c	end menn	er se stated.		
≥	( Print) 2 [ MEDICAL EXAMINE)											nd manner as stated.
8	A A		10		,,,	death occur		tille, data and	piaca, end	ane to the c	ense(s) ar	manner ae stated.
H	PRE CONATURE AND WILL OF CERTIFIE	( SS	1//	,		29c. LICE	NSE NUM	IBER		29d. DATE S	IGNED (M	onth, Day, Year)
	V Sana +	TA	X William	MI		1 2019	1410	1		112	1219	>
유	36. NAME AND ADDRESS OF PERSON WHO	O-COMPLETED CAUS	DE DEATH OT	M 27) (7/ne	Print		1 11	_		1	1 1	4
	The section bears terracered on Lekelon Made					Α.		. 7				
	Dana II	Serve	J. J. CAIII (III	ann	/ 1 .	> /\.		13.		11		
- 1	DANA H. (	HIRE	#3	900	CATO	O Ave		BART		MD.		21229
- 1	31. DATE FILED (Month, Day, Year) DEC 7 1992	9 PT H	HS SIGNATURE	900	/ 1 .	O Alva	17	13AKI		MD.	_	21229

en Ru

## STATE OF MADYLAND / DEDADTMENT OF HEALTH AND MENTAL HYDICHE

	FOR STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	E	- 00000
	1. DECEDENT'S NAME (First, Middle, Last)		6000		2. DATE OF DEATH MONTH DA		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 214-20-6084	10 M2∏F	yrs. last birthday) IF WOI	UNDER 1 YEAR OF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	8. Bill Co	RTHPLACE (State or Foreign untry)
H.	9a. FACILITY NAME (If not institution, give :		96	CITY, TOWN OR LOCATION OF D	L MAR 10 19 DEATH	9c. COUNTY O	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			BETHESDA WIN OR LOCATION		MONTO	GOMERY 10d. INSIDE CITY
	MARYLAND I	BALTIMORE	113	MONKTON 101, ZIP, CODE		40 000000	LIMITS?  1 YES 2 NO  F WHAT COUNTRY?
FUNERAL	16411 MATTHEWS			211		UN	ITED STATES
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATI	2 NO ES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	B	ACE — American Indian, lack, White, etc. pecify: WHITE
TED	15. DECEDENT'S EDU (Specify only highest grade	JCATION 1 e completed)	6a. DECEDENT'S USU	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	U.S.M.		DEFENSE		
BE CO	17. FATHER'S NAME (First, Middle, Lest)  WILLIAM A. CO	ODD			AME (First, Middle, Maiden : E A . EDWARD		
2	190. INFORMANT'S NAME (Type/Print) WINIFRED CODD			PRESS (Street and Number or Flural			
	20a. METHOD OF DISPOSITION  1 Y Burlal 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		PLACE AND DATE OF DI	SPOSITION (Name of	DATE 20c. LOC	CATION — City or	r Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	OCCUPATION NAMED IN COLUMN NAM	210.4		7.	CHAN	
	23. PART I. Inner the disease, or shock, or head failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on eec	ED INTRAV	enter the mode of dying, such		ratory arreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. TO METAS?  DUE TO (OR AS A C	ONSEQUENCE OF):	NOCARCINOMA			
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	na contributing to deeth but	not resulting in th	ne underlying cause given in	Pert I. 24e. WAS AN / PERFORI 1 X YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 XNO
IAN	25. WAS CASE REFERRED TO MEDICAL	<del></del>		26. PLACE OF DEATH (C	heck only one)		
YSIC	1 YES 2 NO	HOSPITAL: 1 ⅓ Inpatient 2 □ ER/Outpati		HER: Nursing Home 5 Residence			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 TYES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, stree	t, factory, offica	291. LOCATION (Street at City or Town, State)	nd Number or Run	el Route Number,
COMPLETED		ICIAN: To the best of my knowled					se(a) and manner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIE	Tul.	MD	29c. LICENSE NU			IED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH		H (ITEM 27) (Type, Prin	NATIONAL	NAVAL MEDI	CAL CE	NTER
	M. G. WHEELER, 31. DATE FILED (Mornth, Day, Year)	39. REGISTBAR'S SIGNAT	MBE	DETHESDA	, FID 20009-	-3000	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

1992 1

Julia Davidson

DHMH-16 Rev 1/89

	1 - FOR STATE REGISTRAR			ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO		2 33334
	1. DECEDENT'S NAME (First, Middle, Last)  CHARLES	R COLL	L14 NO1	V	2. DATE OF DEATH MONTH D.	3 9°C	3. TIME OF DEATH 2 4 4 2 M/m
		SEX 6. AGE (In yrs.	YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Morth, Day, Year) 06-13-25	8. B	HRTHPLACE (State or Foreign country) [111inois
TOR	Sinai Hospi			Baltimore		S. COOKITY	OF DEATH
DIRECTOR	Maryland 106. COUNTY		241	MN OR LOCATION  Itimore Cit	у		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 2525 W. Belveder	ce Avenue		101. ZIP CODE 21215		10g. CITIZEN	OF WHAT COUNTRY?
В	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 128/43 - 12/2	□NO	13. WAS DECENDENT OF HISP/ If yee, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	- 1	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12)  Co	pleted)	Ille. Do NOT use reti	lone during most of working	16b. KINO OF BU	SINESS/INDUSTI	
BE CON	17. FATHER'S NAME (First, Middle, Last)  Unknown  19a, INFORMANT'S NAME (Type/Print)			Unkno			
2	Inns of Evergreen N		2525 W.	Ress (Street end Number or Rural Belvedere Av	enue Bal	timore,	MD 21215
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal (4 Donation 5 Other (Specify)	from State cemetery.	crematory or other or	rest Veterans			
	21. SIGNATURE OF FUNERAL SERVICE UCENSE  WWW Car	roll		Irvin Carro 1712-14 W.	11 Funeral		alto., MD
	23. PART i. Enter the diseases, or comp	allacations at an account at					
	shock, or heart feilure. List	CARDIOR	ESPIR	ATORY A			Approximate Interval Between Onset and Death
FICATION	shock, or heert feilure. List is shock, or heert feilure. List is	ONLY ONE CRUSE ON EACH III	SEQUENCE OF):  AS PL SEQUENCE OF):		RREST		Interval Between
CERTIFICATION	shock, or heert feilure. List of the state o	DUE TO (DR AS A CONSTITUTE OF AS	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):	ATORY A	NEUMOR		Interval Between
N: MEDICAL CERTIFICATION	shock, or heert feilure. List of the state o	DUE TO (DR AS A CONSTITUTE OF AS	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):	ATORY A	NEUMOR	AUTOPSY MED?	Interval Between
SAL	shock, or heert feilure. List is shock, or heert feilure. List is	DUE TO (DR AS A CONSTITUTE OF AS	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Ot resulting in the	ATORY A RATION P e underlying cause given in 28. PLACE OF DEATH (C	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	shock, or heert feilure. List of the state o	DUE TO (DR AS A CONSTITUTE OF TALE)	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Ot resulting in the	ATORY A RATION P e underlying cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	shock, or heert feilure. List is shock, or heert feilure. List is shock, or heert feilure. List is shock, or heert feilure. List is shock, or heert feilure. List is shock, or heert fill shock is shock, or her shock, as a shock, or her shock, as a shock, or her shock, as a shock, or her shock, as a shock, or her shock, as a shock, or her	Only one cause on each if	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  OT THE OF INJURY	ATORY A  RATION P  e underlying cause given in  28. PLACE OF DEATH (C)  MER: Nursing Home 5   Residence  28c. INJURY AT WORK?  1   YES 2   NO	Part I. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?  NO  NJURY OCCURE	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	shock, or heert feilure. List of the state o	DUE TO (OR AS A CONSTITUTE OF INJURY A building, etc. (Specify)	SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  SEQUENCE OF):  The sequence of injury  Thome, term, street,  death occurred at injury	ATORY A  RATION P  e underlying cause given in  28. PLACE OF DEATH (C)  MER: Nursing Home 5   Residence  28c. INJURY AT WORK?  1   YES 2   NO	Part I. 24a. WAS AN PERFOR 1 VES 2  beck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  26f. LOCATION (Street City or Town, State)	AUTOPSY MED?  NO  NJURY OCCURE	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be interest by me hospital physician and completely filled in by the funeral director, page 5 should be detected for use at the burst transfer be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-002 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

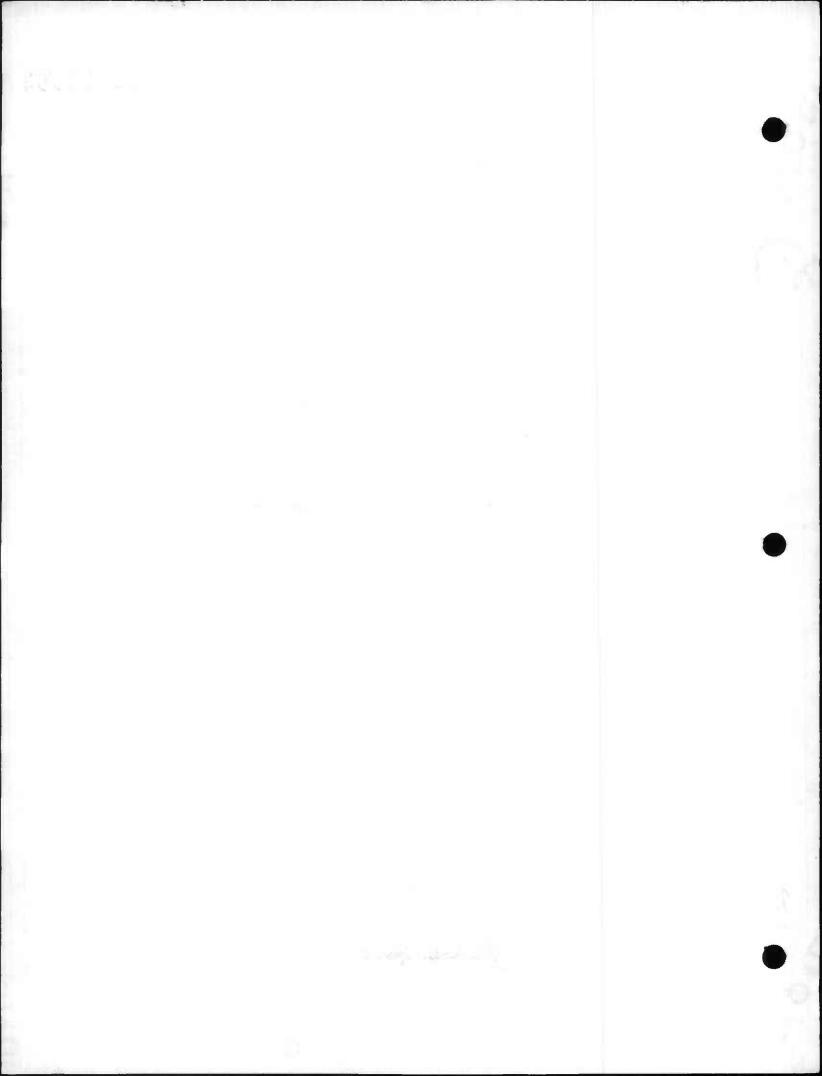
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month; Day, Year)

DEC

32. REGISTRAT'S SIGNATURE

2. Sulia Davidan DHMH-16 Rev 1/89



VISION OF VITAL RECORDS, P.O. BOX 68760,

4 7	1. DECEDENT'S NAME (First, Middle, Lea	reland						2. DATE OF DI	EATH DAY	924	3. TIME OF
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	ast birthday)	IF UNDER 1 YEA	M IF UNDER	R 24 HRS.	7. DATE OF BI	RTH .	8. BIFT	ITHPLACE (State
	060 22 5217	1 🗆 M 2 💢 F	66	YRS.	MONTHS DAY	78 HOURS	MIN.	9/18/	26	Cou	J.C.
_	9a. FACILITY NAME (If not institution, give				9b. CITY, TOY	VN OR LOCATI	ION OF DE			OUNTY OF	
OR	Liberty Medic	cal		77	Bal	timor	e				
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  M. 10b, COU	NTY		10c. CIT	TY, TOWN OR LO	CATION					10d. INSIDE
PIN	Ma.				altimo						LIMITS?
AL	10e. STREET AND NUMBER					10f. ZIP COD			10g. (	CITIZEN OF	WHAT COUNTR
FUNERAL	2013 Clifton	Avenue					2121	L6		US	A
BY	11. MARITAL STATUS 1 Nover Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AI YES 2500 MAR OR DATES	RMED	If yes	DECENDENT Coperation of the co	en, Mexicar	IIC ORIGIN? (Spen, Puerto Rican,	icity Yee or No- etc.)	Bla	CE — American ack, White, etc. ec/ly:
ED	15. DECEDENT'S E (Specify only highest gra		16a. D	ECEDENT'S	USUAL OCCUP	ATION		16b, KIND	OF BUSINESS/	•	
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COMPL				Ho	usekee				Hea		
	17. FATHER'S NAME (First, Middle, Last)	01	7					ME (First, Middle,		n)	
R	Walter  190. INFORMANT'S NAME (Type/Print)	Copelar		OL MARING	ADDRESS (SM			Richa		75 0000	
2	Willie Copel	and						Poute Number, Cit			27244
	20 METHOD OF DISPOSITION		20b. PLACE		OF DISPOSITION		Ku.	Bal	20c. LOCATION		
	1 Donation 5 Other (Specify)	movel from State			moria]		k	12/9	Balto		
1	21. SIGNATURE OF FUNERAL SERVICE			_	22. NAME	E AND ADDRES	SS OF FAC	CILITY			
	James	va. m	ostor	r )	Jan	les A	. MC	orton as St.	& Sons	S	Md. 23
79 17			(OR AS A CONSE		F):						
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a 12	OSPITO	OUENCE OF	Fail	nce					
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO				Ure	alven in i	Days I 24a I	AMO AN ANTONO	- I 24	The state of the s
: MEDICAL CE	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO				/Ing cause s	given in i		WAS AN AUTOPS PERFORMED? YES 2 7 NO		4b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1 YES 2
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THILD RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IN THE DESTRICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

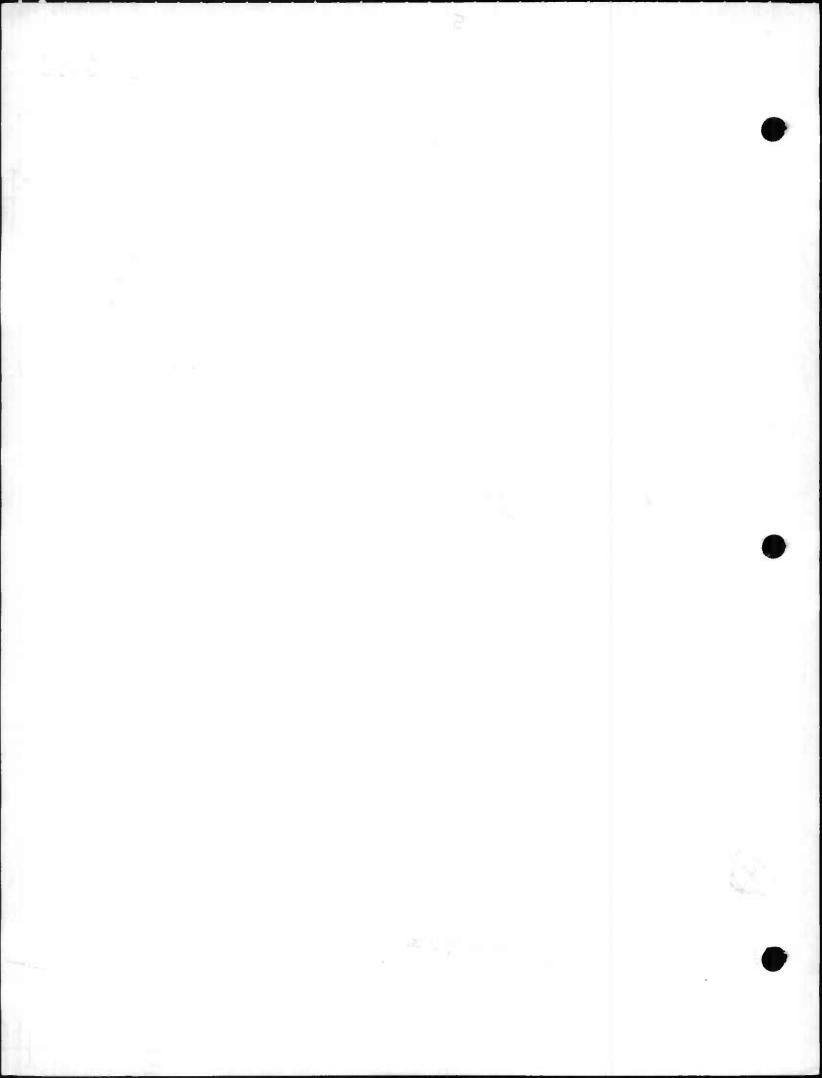
IN II Hem 28 Is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First						2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH					
			CHRISTIN	E	Μ.		CA	LHOC	N		DECEMBER 3, 1992			630 Am	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (	'In yrs. last	t birthday)	IF UNDER	DAYS	IF UNDER		7. DATE OF (Month, De	BIRTH N. Visaci		8. BIRTI	IPLACE (State or Foreign
1 3	214-56-141		1 🗆 M 2 💢 🤆	45		YRS.	MONTHS	DAYS	HOURS	MIN.	NOV.4,				HIGAN
-	9a. FACILITY NAME (If not in						9b. CITY		OR LOCATI				9c. COL	JNTY OF	DEATH
6	835 HILLT		AD.					C	ATON	SVIL	LE		В	ALTI	MORE
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Υ			10c, CIT	Y, TOWN	OR LOCA	TION						10d, INSIDE CITY
NIO.	MARYLAND		BALTIMO	RE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			SVIL	ī.E					LIMITS?
	10e. STREET AND NUMBER		2112110						. ZIP COD				10g, CIT	TIZEN OF	WHAT COUNTRY?
ER/	835 HILLT	OP ROA	AD.		21228					U.S.					
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	<u> </u>					11.11						WHITE			
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12	Elementary/Secondary (6	1-12)	College (1-4 or 5	+)		IMS		ORT7	ER			S.S.A			
NO	17. FATHER'S NAME (First, M	liddle, Last)			ODM	1110	10111	ORIZ		HER'S NA	ME (First, Midd				
U U	CHARLES IC	E								AXIN			Juliane		
00	19a, INFORMANT'S NAME (	ype/Print)			196	. MAILING	ADDRES	\$ (Street a			Route Number, (		n, Stete, Zi	(p Code)	
5	MICHAEL CA	LHOON	(HUSBAN	D)	8	35 H	ILLT	OP R	OAD,	CATO	NSVILL	E, MA	RYLA	ND	21228
	20a. METHOD OF DISPOSIT	ION			. PLACE A	ND DATE	OF DISPOS	SITION (N				<u> </u>		City or To	own, State
	4 Donation 5 Other	(Specify)		M	ÉTRO	CRE	MATO	RY		12	/5/92	C	ATON	SVIL	LE, MARYLAND
	21. SIGNATURE OF FUNERA	L SPAVICE LI	CENTRE 1				22.	NAME A	ADDRE	SS OF FA	CILITY	ИТ	TTUE	THIN	ERAL HOMES
	Lusse	use	Vigt.	e			- 1								E,MD.21228
	23. PART I. Enter the d	Iseases, or	complications the	it ceused	the de	ath. Do r	not enter	the mo	de of dy	Ing. suc	h as cardiac	or respi	ratory a	rest.	Approximate
	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	a. Me	use on e	ach line. Lati	i 1	Bus		Co			•			interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju- thet initiated events resulting in death) LAS	diate ING Iry	b	(DR AS A	CONSEC	QUENCE OF	<b>ም</b> :								
			d												1
EDICAL	PART II. Other significa	ent condition	ns contributing to	deeth b	ut not re	esulting	In the u	nderlyin	g cause :	given in	Part I. 24	. WAS AN		248	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
l di											11	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Σ											_				1 TES 2 ND
Ä	05 WBG 0405 05550050 T		1												
S	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	- LOUD A			OTHE	R:	V		eck only one)				
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1 1		Pending	(Month, E				URY M	WC	YES 2	□ ND	28d. OEŞÇM	BE HOW I	NJUNT OC	COMEO	
ВУ	2 Decided	Investigation Could not be	28e. PLACE C	OF INJURY	— At hor	me, ferm, s	street, fac				28f, LOCATIO	N (Street a	and Numbe	er or Rural	Route Number
TED		determined	bullaing,	etc. (Spec	эту)						City or To	wn, State)			T. P. C. T. C.
COMPLET			ICIAN: To the best of												a) and manner as stated.
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	31. DATE FILEO (Month, Day,	392	Julia Burg	DON - N	to the same	il.									

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31. DATE FILED (Month, Day, Year)

DEC 0 7 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Coepo

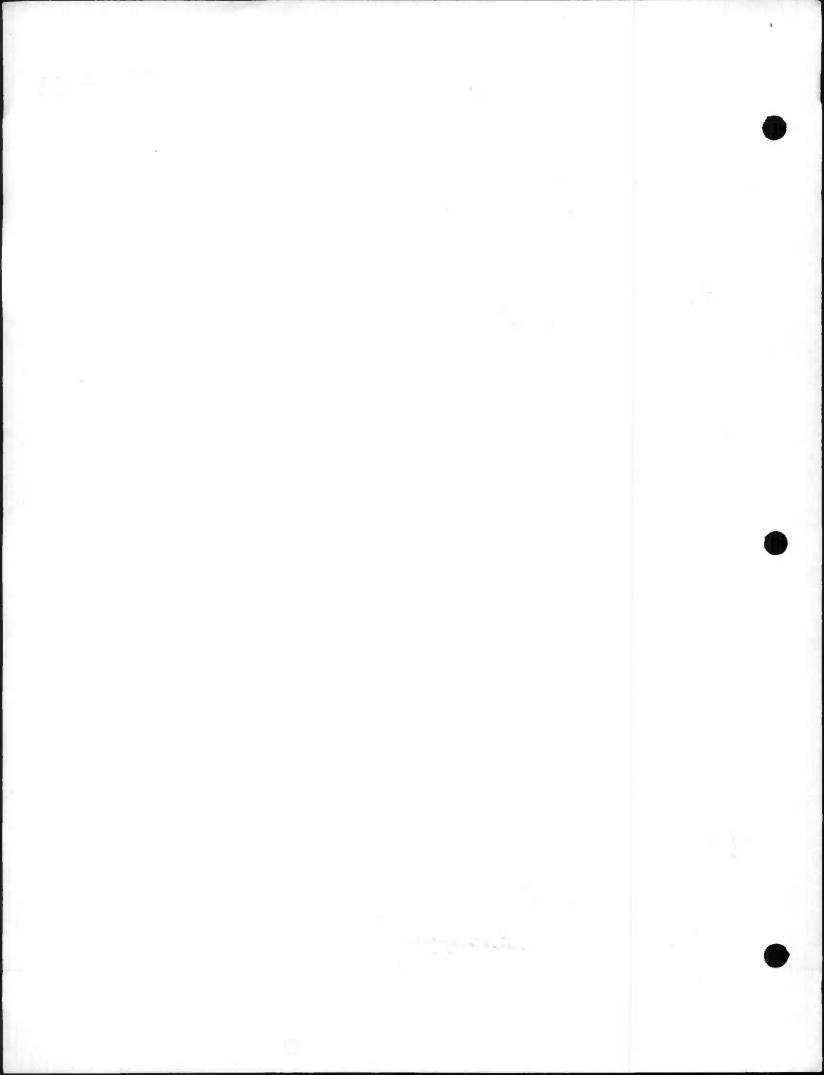
TELE PERIODE SHOWEN

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Conditions, or injury ents th) LAST	DUE TO (	CEDAY CEDAY COMMENT OF AS A CO	e deeth. Do iline.	OF DISPOSITE PROCESS  22. L 1 not enter	METE NAME AN EROY 630 The mo	ime of CRY 12 NO ADDRESS OF FI M. & RI EDMONDS  de of dying, such	JSSEI DN AV	TE 20c. LO CEDA  L C. W VENUE, C  Tridlec or respi	CATION — CI AR GRO VITZKE CATONS' Iratory arred	VE, MA FUNE VILLE nt,	RYLAND  RAL HOMES , MD. 21228  Approximate interval Between Onset and Death
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Cremation 3 — Ramo Other (Specify) FUNERAL SERVICE LIC In the diseases, or c	complications that List only one cause by Dscho	censed the secon each	CEANDDATE  R GROV  De deeth. Do i	Per pere 222. I. 1	METE NAME AN EROY 630 r the mo-	TRY 12 NO ADDRESS OF FI M. & RU EDMONDS de of dying, suc	JSSEI ON AV	CEDA  L C. W  VENUE, C	AR GRO	VE, MA FUNE	RYLAND RAL HOMES , MD. 21228 Approximate Interval Between
Cremation 3 Remo	ENSEE LALE-Y	CETA	CEAND DATE	of dispose place.  L  1	METE NAME AN EROY 630	TRY 12 NO ADDRESS OF FI M. & RU EDMONDS	/7/92 ACILITY USSEI ON AV	CEDA  L C. W  VENUE, C	AR GRO	VE, MA FUNE	RYLAND CRAL HOMES
Cremation 3 🗆 Ramo	oval from State	206. PLA	CEANDDATE	OF DISPOS	SITION (Na	ame of	DA	TE 20c. LO	CATION — CI		State
STEN (SIS	TER)		707 M	IAIDE	'N CH	IOICE LAI	ND 90	GIO, CAT	CONSVI	LLE, M	D.21228
L. COST						and Number or Rural	Route Nun		n, State, Zip C		
(First, Middle, Last)			PURCHA	ASING	;	18. MOTHER'S N.		AIR CON		NING	CO.
15. DECEDENT'S EDUC pecify only highest grade ondary (0-12)	CATION completed) College (1-4 or 5 +)		Give kind of	work done	during mo-		16	b. KINO OF BU	SINESS/INDU	STRY	WILLIA
DEN CHOICE  S 2	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE W	EVER IN U.S	ARMED NO		If yes, spe	21228 ENDENT OF HISPA ecity Cuban, Mexic 2 XXO Speci	an, Puerto			S.A.  4. RACE — Black, W	American Indian, hite, etc.
D BA	LTIMORE	4.1.	100, CIT		ATONS	SVILLE . ZIP CODE			10g. CITIZE	1 [	1. INSIDE CITY LIMITS?  YES 2 V VHO T COUNTRY?
ES HOSPITA	L		140.00		BAI	TIMORE			9e. COUNT		
(If not institution, give a	1 <b>∑</b> XM 2 □ F	6. AGE (In yrs	s. lest birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	JAN.	th, Day, Year)	1	Country) MARYI	
TY NUMBER 5005	74 ·		ROBERT	E.	COST	EN			2/3/92 3 92	VEAR	TIME OF DEATH
	(If not institution, give s ES HOSPITA F DECEDENT 10b. COUNT  BA	## 10005   1 MAX 2   F    ## 10005   1 MAX 2   F    ## 1000   F    ## 1000   F    ## 1000   BALTIMORE	TY NUMBER  5. SEX  6. AGE (in yr. 5005  1XXM 2 F 81  (if not institution, give street and number)  ES HOSPITAL  F DECEDENT  10b. COUNTY  BALTIMORE	ROBERT  NY NUMBER  S. SEX  6. AGE (In yrs. lest birthday)  100. COT  ROBERT  6. AGE (In yrs. lest birthday)  100. AGE (In yrs. lest birthday)  100. COT  100. COT  100. COT  100. COT	ROBERT E.  TY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  F UNDE  MONTHS  (If not institution, give street and number)  ES HOSPITAL  F DECEDENT  10b. COUNTY  BALTIMORE  ROBERT E.  8. AGE (In yrs. last birthday)  F UNDE  MONTHS  10c. CITY, TOWN  CA	ROBERT E. COST  NY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  1XXM 2 F 81  F UNDER 1 YEAR  MONTHS  DAYS  (If not institution, give street and number)  ES HOSPITAL  F DECEDENT  10b. COUNTY  BALTIMORE  CATONS	ROBERT E. COSTEN  TO NUMBER  S. SEX  6. AGE (In yrs. lest birthday)  F UNDER 1 YEAR  BONNTHS  BALTIMORE  10b. COUNTY  BALTIMORE  ROBERT E. COSTEN  F UNDER 1 YEAR  F UNDER 24 HRS.  MONTHS  DAYS  HOURS  MIN.  9b. CITY, TOWN OR LOCATION  BALTIMORE  CATONSVILLE	ROBERT E. COSTEN  NON  Y NUMBER  S. SEX  6. AGE (In yrs. last birthday)  17 YRS.  SOO5  17 YRS.  81  18 YRS.  SOO5  17 YRS.  SOO5  17 YRS.  SOO5  17 YRS.  SOO5  17 YRS.  SOO5  17 YRS.  SOO5  17 YRS.  SOO5  18 YRS.  SOO5  18 YRS.  SOO5  18 YRS.  SOO5  18 YRS.  SOO5  18 YRS.  SOO5  18 YRS.  SOO5  18 YRS.  SOO5  18 YRS.  SOO5  18 YRS.  SOOT HOURS DAYB HOURS DAYB HOURS DAYB  19 D. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE  10 C. CITY, TOWN OR LOCATION  CATONSVILLE	ROBERT E. COSTEN  NONTH  S. SEX  S. SEX  G. AGE (In yrs. lest birthday)  F. UNDER 1 YEAR  F. UNDER 24 HRS.  GOOD  1 XXM 2 F 81  YRS.  Sh. CITY, TOWN OR LOCATION  BALTIMORE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  CATONSVILLE	ROBERT E. COSTEN  NONTH  3 97  NUMBER  S. SEX  6. AGE (in yrs. last birtholay)  100. CITY, TOWN OR LOCATION  BALTIMORE  ROBERT E. COSTEN  NONTH  ARY S. PLUNDER 1 YEAR F UNDER 24 HRS.  NONTH DAYS MIN.  JAN. 1, 1911  BALTIMORE  ROBERT E. COSTEN  BONTH  ARY S. PUNDER 1 YEAR F UNDER 24 HRS.  F UNDER 1 YEAR F UNDER 24 HRS.  ARY HOURS MIN.  JAN. 1, 1911  BALTIMORE  CATONSVILLE	ROBERT E. COSTEN  TO NUMBER  S. SEX  S

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IN ALIENDING PRISIDENT, THE LAW REQUIRES LINE UP DEBLI CELUINATE DE EXECUTEU WIRIN 24 INVIS ALUE DE DE LINE DE	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page.	
Jedus. P	funeral	
dillon (	by the	moval.
SUND!	u pe	07 TE
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אוובס חוו	signed	rurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
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P1 24	e has	e Dec
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							92	33998
	FOR 1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTAL HYGIE	NE	. 00330
1	1. DECEDENT'S NAME (First, Middle, Last)				, DEATH	2, DATE OF DEATH	J.	3. TIME OF DEATH
	Rose		CARRIER			12-3	DAY Y	11:48 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
1	212-50-3854	1 □ M 2 √G/F 8	30 YRS.	MONTHS DA	YS HOURS MIN.	(Morith, Day, Year) 12-9-191		Mo.
	Se. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	WN OR LOCATION OF D			OF DEATH
8	Franklin Square H	nenital		Ros	sville		Bali	timore
5	Franklin Square H							
DIRECTOR		imore	10c. CIT	y, town or Le Mid	dle River			10d. INSIDE CITY LIMITS?  1 YES X NO
FUNBRAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
童	30A-1 Beech Drive				21220		USA	4
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify V		RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 NO Speci			Specify:
4.7		<u> </u>	1					White
TE	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of tile. Do NOT u	work done during	PATION g most of working	16b. KIND OF B	USINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12) 12 yrs	College (1-4 or 5+) 4 yrs.	Regist	,	IITER	Priva	te Duty	,
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4 y13.	negrad	CICC N		AME (First, Middle, Maide		
	Ralph C. Cope					e Madeline	n Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	<del></del>	19b. MAILING	AODRESS (Str		Route Number, City or To	was Chata 7 in Co	oda)
5	Mr. John H. Hoot					Ltimore, M		
1	20e. METHOD OF DISPOSITION 1) X Burial 2 ☐ Cremation 3 ☐ Rem		b. PLACE AND DATE	OF DISPOSITION	N (Name of			y or Town, State
	4 Donation 6 Other (Specify)	oval from State	_oudon Pa	rk®Cem	etery :	L2/7/92 Ba	ltimore	e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIN				E AND ADDRESS OF F			
	Lassalv F	eseral Ho	m E		sahn Fune:	ral Home Rd. Baltim	oro M	1 21226
	23. PART I. Enter the diseases, or	complications that cause	ed the death. Do	not enter the	mode of dying, su	ch as cardled or real	piratory arrea	Approximate
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one ceuse on	sach line.					Interval Between Onset and Death
	disesse or condition resulting in death)	Massive in	tracrania	1 hemo	rrhage			
	resulting in death,		A CONSEQUENCE O	F):				
Z	Sequentially list conditions,	Intr <b>A</b> crania						
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):				
2	CAUSE (Disesse or Injury	C. DUE TO (OR AC	A CONSEQUENCE O	n.				
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	r):				
Ü		d						
4	PART II. Other significant condition		but not resulting	In the under	ying cause given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	History of hyper	tension				1 TYES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ä							- 4	OF DEATH?
					·-			
N N	25. WAS CASE REFERRED TO MEDICAL				B. PLACE OF DEATH (C	neck only one)		
		HOSPITAL:	tpatient 3 🗆 DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)		
Sic	EXAMINER?  1 YES 2 NO	1 Inpatient 2 - ER/Out					IN HERY OCCUP	
PHYSIC	EXAMINER?  1  YES 2 NO  27. MANNER OF CEATH	260. DATE OF INJURY		E OF 28c.	JNJURY AT WORK?	28d. DESCRIBE HOW	INJUNT OCCUP	ED
3Y PHYSICIAN:	EXAMINER?  1 YES 2 NO	4		URY	WORK?  YES 2 NO	28d. DEŞCRIBE HOW	INJUNT OCCUP	RED
D BY	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	260. DATE OF INJURY	IV — At home, farm,	M 1	WORK?	261. LOCATION (Street	end Number or	
ED BY	EXAMINER?  1 VES 2 NO  27. MANNER OF CEATH  1 Netural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR	IV — At home, farm,	M 1	WORK?		end Number or	
LETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR building, etc. (Sp.	IV — At home, farm, activ)	URY M 1	WORK?  YES 2 NO office	261. LOCATION (Street City or Yown, State	end Number or	
LETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJUR building, stc. (Sp.	IY — At home, farm, ectly)	street, factory,	WORK?  YES 2 NO  office  date end place, and du	26f. LOCATION (Street City or Town, State	end Number or b)	
ED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	26e. DATE OF INJURY (Month, Dey, Year)  26e. PLACE OF INJUR building, stc. (Sp.	IY — At home, farm, ectly)	street, factory,	WORK?  YES 2 NO  office  date end place, and du	26f. LOCATION (Street City or Town, State to the cause(e) and m. time, date and place, s	end Number or s) anner as stated, and due to the c	Rural Route Number,
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	26e. DATE OF INJURY (Month, Dey, Year)  26e. PLACE OF INJUR building, stc. (Sp.	IY — At home, farm, ectly)	street, factory,	WORK?  YES 2 NO  office  date end place, and du  on, death occured at the	26f. LOCATION (Street City or Town, State to the cause(e) and m. time, date and place, s	end Number or s) anner as stated, and due to the c	Rural Route Number, suse(e) and manner as stated.
E COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJUR building, stc. (Spi  CIAN: To the best of my knoo  IR: On the bests of examination  O COMPLETED CAUSE OF D	IN.  Y — At home, farm, scriy)  wiedge, death occurr on end/or investigatic	M 1 street, factory, and at the time, an, in my opinio	WORK?  YES 2 NO  office  date end place, and du  on, death occured at the	26f. LOCATION (Street City or Town, State to the cause(e) and m. time, date and place, a MBER	end Number or o)  sinner as stated, and due to the c	Rural Route Number, suse(e) and manner as stated.
BE COMPLETED BY	EXAMINER?  1   YES 2   NO  27. MANNER OF OEATH  1   Netural 5   Pending Investigation 3   Suicide 6   Could not be determined  29a. CERTIFIER (Check only 0'ne) 2   MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAMÉ AND ADDRESS OF PERSON WH	26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJUR building, stc. (Sp. CIAN: To the best of my known on the best of examinating and completed cause of D 9000 Fran	wiedge, death occurr on end/or investigatik EATH (ITEM 27) (Type	M 1 street, factory, and at the time, an, in my opinio	WORK?  YES 2 NO  office  date end place, and du  on, death occured at the	26f. LOCATION (Street City or Town, State to the cause(e) and m. time, date and place, a MBER	end Number or o)  sinner as stated, and due to the c	Rural Route Number, suse(e) and manner as stated.
BE COMPLETED BY	EXAMINER?  1   YES 2   NO  27. MANNER OF OEATH  1   Netural 5   Pending Investigation  3   Suicide 6   Could not be determined  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINE  30. NAMÉ AND ADDRESS OF PERSON WH	26e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJUR building, stc. (Spi  CIAN: To the best of my knoo  IR: On the bests of examination  O COMPLETED CAUSE OF D	wiedge, death occurr on end/or investigation  EATH (ITEM 27) (Type  klin Squa	M 1 street, factory, and at the time, an, in my opinio	WORK?  YES 2 NO  office  date end place, and du  on, death occured at the	26f. LOCATION (Street City or Town, State to the cause(e) and m. time, date and place, s	end Number or o)  sinner as stated, and due to the c	Rural Route Number, suse(e) and manner as stated.

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NO	hospita	tached		ce.
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AOR	19e 6 m	Sirector,		r mus
BALTIMORE, MARYLAND 21203-31	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 200 miss after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
B	rs after	n by the	removal	dicai
	P. N.	filled	30H, OF	the m
16,	d within	mpletely	, creman	event,
1314	execute	and co	to Durial	matic
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S, P	the deat	the atte	Mental	njury,
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REC	require	been sig	of He	shows
AL	The law	te has	rte Depi	9m 23
Z	CIAN:	ertifical	the Sta	or He
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	G PHYSI	er this c	be filed within 72 hours after death with the State Dept. of Hearth and Mental Hygiene prior to burial, cremation, or removal.	narked,
SIO	TENOIN	DR: Af	fter de	18 is n
DIVI	OR AT	DIRECT	hours a	Item 2
F	SPITAL	NERAL	hin 72	NT: H
	THE HO	THE FU!	filed with	PORTA
	2	2	2	E

	FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH A		L HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  E/12Abe+	HARY	Cam	phell	_	OF DEATH	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-18-9567	5. SEX 6. AGE (in yrz. in So	YRS. MONT	1	MIN. (Mont	11. Day, Mary - 10	BIRTHPLACE Country or Foreign Country)
TOR	90. FACILITY NAME (If not institution, give at the property of	ord St. Baffe,	e/223 96.	BALLIM	OF DEATH	9c. COUNTY	OF DEATH
DIRECTOR	10e. STATE 164. COUNTY		10c. CITY, TO	AN OR LOCATION  Afinda	E		10d. INSIDE CITY LIMITS?  1 PES 2 NO
FUNERAL	70770	glossed cf.		7.0	223		OF WHAT COUNTRY?
BY	1f. MARITAL STATUS  1 New Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 4 IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF If yes, specify Cuben, 1 YES 2 NO	Mexicen, Puerto		RACE — American Indian, Black, White, etc. Specify ACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	te. Do NOT use retu	lone during most of working	151	AKKISON	Tokes & School Sessen
	17. FATHER)S NAME (First, Migdle, Last)	FISHER	7- 570		R'S NAME (First,	Middle, Melden Syrname)	W
TO BE	190. INFORMANT'S WAME (Type/Print)	nneys	76/ L	RESS (Street and Number of	Rural Route Min	to coy or town going to co	(h) S1223
	20e. METHOD OF DISPOSITION  1 Deurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State other	E OF DISPOSITION	STEKN cremet	STAR	Ingles	de, NR
10000	21. SIGNATURE OF FUNERAL SERVICE LIC	Cerelare		3405 W.	FRAN	VALLACE F	Allo, Maziero
	IMMEDIATE CAUSE (Final	List only one cause on such li	ne.		g, such as cer	rdisc or respiratory stres	t, Approximate Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CONS		CHF			
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	TP	roidism			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A DONE  d. Sew		Dem ente	á		
AL	PART II. Other significent condition	ns contributing to death but no	t resulting in th	e underlying ceuse giv	ven in Part I.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: MEDIC							1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEA			
HYS	1 YES 2 NO	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	25b. TIME OF	Nursing Home 5 Resi		ner (Specify) ESCRIBE HOW INJURY OCCU	RED
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK? 1 YES 2	NO		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street	t, factory, office		CATION (Street and Number or y or Town, Stete)	Aurel Route Number,
COMPLETED	TOTAGE CITY	ER: On the basic of my knowledge,					
BE	20b. SIGNATURE AND TITLE OF CERTIFIE	worddin	M,D	-	ISE NUMBER		30/92
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Prin	0			

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

1993 Julia Davidson A

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D. SHAMSUDDIN 20 CROSSROADS DRIVE

DHMH-18 Rev 1/89

212117

MD

92 33999

ASCUD & CHF
Malnutrition
Hyporlyproidism
Sevice Dementa

DHMH-16 Rev 1/89

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	1. DECEDENT'S NAME (First, Middle,	Last) Manne T	ouice :	Chandle		DEATH	2. DATE O	REG. NO.		2 THAT	OF DEATN
	MARY LOW	Se CH	ouise	Chandle:	r		MONTH		9 9 Y	EAR S	120 A
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (I	n yrs. last birthday)	7	IF UNDER 24 HRS.	7. DATE C	F BIRTH	8.	BIRTNPLACE (S Country)	tate or Foreign
	213-20-393			YRS.	MONTHS DAYS	HOURS MIN.	05-1	5-1926		rederic	k, Md.
OR	FAILSTON GEN	1 .1 -	AC		- 1	OR LOCATION OF D	D D		9c. COUNTY	OF DEATH	ord
DIRECTOR	RESIDENCE OF DECEDER	COUNTY		10c. CI	TY, TOWN OR LOCA	TION				10d, INS	DE CITY
E	Maryland Ha	rford Cou	nty	Al	bingdon						T\$? S 2 \( \text{NO} \)
FUNERAL	10s. STREET AND NUMBER					f. ZIP CODE				OF WHAT COU	NTRY?
NE	1401 Valley Fo	7	DENT EVER IN	II C ADMED		21009 CENDENT OF NISPA	NIC ODIONE		U.S.		
5	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	1 YES	2 X NO	If yes, sp	secify Cuban, Mexic	an, Puerto R			RACE — Ameri Black, White, a Specify: White	te.
ED	15. DECEDENT (Specify only highes			16a. DECEDENT'S	S USUAL OCCUPATE work done during muse retired.)	ON ost of working	16b.	KIND OF BUSIN	IESS/INDUS	TRY	
COMPLET	Elementary/Secondary (0-12) 12th Grade	College (1-4 d	r 5+)		sing Age			tate H:	iahwa	3.7	
5	17. FATNER'S NAME (First, Middle, Li	nst)		I GL CIM	oring rigo	18. MOTHER'S N.				Y	
BEC	Charles Granvi	lle Suter				Anna	Butts				
TO B	19a. INFORMANT'S NAME (Type/Prin					and Number or Rural					
	Harry L. Chand	ller, Jr.	T			Forge Wa		7			1009
	1X Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		20b. ceme	PLACE AND DATE elery, crematory or PATOLETIS	of Disposition (Notice place)	Cemeter	DATE	7 Rali		or Town, State	one I
	21. SIGNATURE OF FUNERAL SERV		1	aracin (	22. NAME A	ND ADDRESS OF F	ACILITY_	/ Dal	CHIOT	e, rary	Taria
	+Katila.	1	200	1	6415	C. Mille Belair R	r, in	c. Baltim	ore. I	Marvlar	d 2120
NOI	IMMEDIATE\CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. Due	TO (OR AS A	CONSEQUENCE C	Tamp	ounds		4.			set and Deat
SA S	If any, leading to immediate cause. Enter UNDERLYING		met	Derent Colo	der h	una C					
ERTIFICAT		d. DUI	10 (0f) AS A	CONSEQUENCE O	die h	my c					
AL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events				302	g ceuse given in	n Part I.	24s. WAS AN AI PERFORM 1 YES 2	ED?	AMILABL COMPLET OF DEATH	TOPSY FINDINGS E PRIOR TO FION OF CAUSE 17 5 2 NO
AL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST  PART II. Other significant cor	)			in the underlyin			PERFORM 1 YES 2	ED?	AMILABL COMPLET OF DEATH	E PRIOR TO TION OF CAUSE 17
AL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant con  COPD  1+13 P  25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL HOSPITAL	y to death bu	ut not resulting	in the underlyin	LACE OF DEATH (C	heck only one	PERFORM 1 YES 2	ED?	AMILABL COMPLET OF DEATH	E PRIOR TO TION OF CAUSE 17
AL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST  PART II. Other significant con  COPD  1+13 P	ICAL HOSPITAL 11 inpatient 28s. DAT	to death be	ut not resulting	26. P  OTHER: 4   Nursing Hor	LACE OF DEATH (C	heck only one	PERFORM 1 YES 2	ED?	AMAILABL COMPLET OF DEATI 1 YES	E PRIOR TO TION OF CAUSE 17
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cor  COPD  1+13 P  25. WAS CASE REFERRED TO MEDI- EXAMINER? 1   YES 2   NO	HOSPITAL 1-12 Impattent 28s. DAT	y to death bu	ut not resulting	26. P OTHER: 4   Nursing Hor JURY W	LACE OF DEATH (C	heck only one	PERFORM  1 YES 2 (	ED?	AMAILABL COMPLET OF DEATI 1 YES	E PRIOR TO TION OF CAUSE 17
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST  PART II. Other significant con	HOSPITAL 1- inpetient 28a. DAT (Mon petion not be 28a. PLA buik	: 2 PR/Outple E OF INJURY	ut not resulting	26. P OTHER: 4   Nursing Hor JURY W	LACE OF DEATH (C	heck only one 6 Other 28d. DES	PERFORM  1 YES 2  (Specify)  CRIBE HOW INJ	ED?	AMAILABL COMPLET OF DEATI 1 YES	E PRIOR TO TION OF CAUSE 17 3 2 NO
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST  PART II. Other significant con	HOSPITAL 1 Inpatient 28a. DAT (Mon pation not be ined 28a. PLA build	to death be  ER/Output  Of INJURY  The Day, Year)  The OF INJURY  THE OF INJURY	atlent 3 DOA  28b. Til iN  — Al home, farm, fly)	26. P OTHER: 4   Nursing Hor ME OF UNITY M 1   Streat, factory, officered at the time, date	LACE OF DEATH (C	6 Other 28d. DE\$d. City o	PERFORM  1 YES 2  (Specify)  CRIBE HOW INJ  TION (Street arr. r Town, State)	URY OCCUR	AMRILABI COMPLET OF DEATI 1  YES	E PRIOR TO TOON OF CAUSE 17 3 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST  PART II. Other significant con  25. WAS CASE REFERRED TO MEDI- EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investig 3 Suicide 6 Could investig 4 Homicide 6 Could investig 7 Check only 1 CERTIFYING 7 MEDICAL ED	HOSPITAL 1-1 inpatient 28s. DAT (Mon petion not be heed  B PHYSICIAN: To the be KAMINER: On the besis	to death be  ER/Output  Of INJURY  The Day, Year)  The OF INJURY  THE OF INJURY	atlent 3 DOA  28b. Til iN  — Al home, farm, fly)	26. P OTHER: 4   Nursing Hor ME OF UNITY M 1   Streat, factory, officered at the time, date	LACE OF DEATH (C ne 5  Residence JURY AT ORK? YES 2  NO ce a end place, and du death occured at the	281. LOCAL City of	PERFORM  1 YES 2  (Specify)  CRIBE HOW INJ  TION (Street and r Yown, State)  se(a) end manner and place, and place, and place, and place.	URY OCCUR  I Number or  or as stated, due to the c	AMAILABL COMPLET OF DEATI 1  YES  RED  Rural Floute Num  souse(s) and mar	E PRIOR TO TON OF CAUSE 17 S 2 NO Dec,
BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST  PART II. Other significant con	HOSPITAL 1-1 inpatient 28s. DAT (Mon petion not be heed  B PHYSICIAN: To the be KAMINER: On the besis	to death be  ER/Output  Of INJURY  The Day, Year)  The OF INJURY  THE OF INJURY	atlent 3 DOA  28b. Til iN  — Al home, farm, fly)	26. P OTHER: 4   Nursing Hor ME OF UNITY M 1   Streat, factory, officered at the time, date	LACE OF DEATH (C	6 Other 28d. DE\$d. 28l. LOCA City of	PERFORM  1 YES 2  (Specify)  (Specify)  TION (Street and r Town, State)  e(s) end manner and place, and r	URY OCCUR  I Number or  or as stated, due to the c	AMRILABLE COMPLETE OF DEATH 1 YES	E PRIOR TO TON OF CAUSE 17 S 2 NO ber, here as stated.
COMPLETED BY PHYSICIAN: MEDIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Intilated events resulting in death) LAST  PART II. Other significant core  25. WAS CASE REFERRED TO MEDIE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investig 1 Check only one)  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CE	HOSPITAL 11 Inpatient 28a. DAT (Mon pation not be lined 28a. PLA built PHYSICIAN: To the be KAMINER: On the basis RTIFIER ON WHO COMPLETED	e of INJURY th, Day, Year)  CE OF INJURY th, Day, Year)  CE OF INJURY th, Or injury that of my knowled axamination  CAUSE OF DE/	attent 3 DOA  28b. Til IN  Al home, farm, fly)  edge, death occur a and/or investigati	28. P OTHER: 4   Nursing Hor ME OF 28c. IN IUJRY M 1   streat, factory, office	LACE OF DEATH (C	281. LOCAL City of	PERFORM  1 YES 2  (Specify)  (Specify)  TION (Street and r Town, State)  e(s) end manner and place, and r	URY OCCUR  I Number or  or as stated, due to the c	AMRILABLE COMPLETE OF DEATH 1 YES	E PRIOR TO TON OF CAUSE 17 S 2 NO Dec,

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